Fage 4 may be retained by the inspiral of acceptance of the attention physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filled with the State Dept. of Health prior to burial, cremation, of temptal, and in any event, within 72 hours after death. TU HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b≢ executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11471

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis a. STATE b. COUNTY	ssion)
ST. MARY 5 MARYLAND	MARYLAND ST. MARY S	
b. CITY OR FOWN (if outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
LEONARDTOWN D.O.A.	LEXINGTON PARK /2-/	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDE ON A FARI	ENCE
ST. MARY S HOSPITAL	The state of the s	V
3. NAME DF First Middle	Last 4. DATE Month Day Year	
(Type or print) EI MILE BERNARD A NO.	erson Death July 15, 1966	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	
MALE WHITE WIDOWED DIVORCED	JULY 6, 1906 60 yrs.	Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
ELECTRONICS ENGINEER	NEW YORK U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
BERNARD ANDERSON	EMELY PETERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or inthown)   (If yes give war or dates of service)	INFORMANT Address	
	RIE A. ANDERSON SAME AS # 2 ABOVE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWI	
PART I. DEATH WAS CAUSED BY: My cardi	al infarct ONSET AND DEA	ABH
IMMEDIATE CAUSE (a)		-
Conditions, If any, which \ DUE TO Hypertensive	cardiovacular	
gave rise to immediate	- Con ai Or i Con ai	
cause (a), stating the DUE TO		
underlying cause last. (c)	TO THE PARTY CONTINUES IN PARTY AND THE PART	DCV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	D?
57	YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part i or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (Stat	te)
181 Mule — Not while —	ry, street, offica bldg., etc.)	
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from /		
	death occurred at/253 M, from the causes and on the date stated ab	oove.
22a. SIGNATURE	22b. DATE SIGNED	
V. C. Coa/ M-U M.C	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	
22¢, PHYSICIAN'S NAME (Type)	22d. ADDRESS	
J. C. ROA M. D.	LEXINGTON PARK, MARYLAND	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		e)
REMOVAL (Specify)		
AB CREMATION JULY 19,1961 CEDAR HILL 24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
W.CLARKE MATTENGLEY LEGNARDTOWN, MARYLAN	1111 1 0 1000 0011 0 0	

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

NE.	1	LUZIO CENTIFICA	IE OF DEATH	410
r death.	1.	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE MARYLAND b. CDUNTY ST	Residence before admission)
nours arrer	-	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1:		
		LEONARDTOWN 12 HRS	XAVENUE	18-1
6		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street addres	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND K
	3.		Last 4. DATE Month	Day Year
	_	(Type or print) JOHN BENJAMIN	BROWN DEATH JULY	19 1966
		SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months	ER 1 YEAR IF UNDER 24 HRS
	108	MALE WHITE WIDDWED DIVDRCED  a. USUAL OCCUPATION (Give kind of work done   10b, KIND DF BUSINESS DR	DEC. 13, 1880 85 yrs. William 11. BIRT HPLACE (County & State, or foreign country)   12.	CITIZEN DF WHAT CDUNTRY?
	dur	ring most of working life, even if retired) INDUSTRY		S.A.
	13	WATERMAN B. FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
		FRANK BROWN	GEORGIANA HERBERT	
		5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17 es, no, or unknown) ((If yes pive war or dates of service)	. INFORMANT Address	
			RS FRANCES WOODALL AVENUE, MAI	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:	-Parket	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	at mynus	
		Conditions, If any, which ) (b) Ambertoner	= & Lenly	
		gave rise to Immediate cause (a), stating the DUE TO		
	Z	underlying cause last. (c)	AATER OR THE TENERAL BLOCKET ACREDITION OF THE BART W	a) [19. WAS AUTOPSY
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED?
)	TIFIC	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY DO	CURRED. (Enter nature of Injury In Part I or Part II of Item 1	
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	fac	LACE DF INJURY (Home, farm, 20f. (City or town) (C	(State)
	MED	Hour a,m, while Not While p.m. 19 at work at work		
		21. I certify that (I) (this hospital) attended the deceased from_	1966, to July 19, 19	that (I) (we) last
		saw the deceased alive on 1922, and the 22a, SIGNATURE	at death occurred at // EM, from the causes and on	the date stated above.
		100/201/2 / 400 m. 000	ATTENDING MED. STAFF	Division of the second
1		22c. PHYSICIAN'S	22d. ADDRESS	
		CHARLES GREENWELL M. C		
1	238	REMOVAL (Specify)		
1	1	BURIAL JULY 23, 1966   SACRED HEA	RT CEMETERY BUSHWOOD, 25a. REC'D BY REGISTRAR   25b. REGISTRA	MARYLAND R'S SIGNATURE
6	V	W. CLARKE MATTINGLEY LEONARDTOWN, MARYL	AND DATE JUL 26 1966 golio	when Judge
	1		DATE	(1

VR A15 (4) 20M 1/65

TOTAL PARTY CO. Milder of the William State State of the Sta The second of th on aven personnel ... Assettation of WHILE JULY 21,1 (ASSESSING CHESTER) LAMPSCHIE LILLAR WITTH LEV LESSANTERS, MARYLAND JUE STEELS

# FOR STAT delay is the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page he State Department of 72 hayrs after death. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

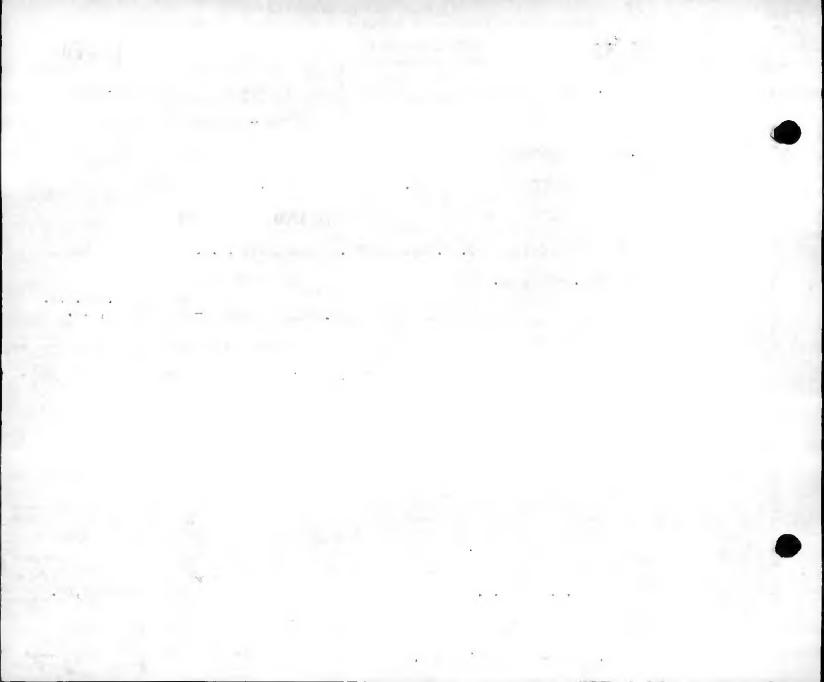
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10486	0	MED	ICAL EXAM	INER'S	CERTIFICATE O	F DEATH		10473	3
	o. COUNTY	MARYS		M	ARYLAND	2. USUAL RESIDENCE (1 a. STATE MARY)		b. COUNTY	esidence before o	-
	b. CITY OR TOWN write RURAL or LEON	(If outside corporate limind give nearest town)  IARDTOWN		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If ou		ts, write RURAL ar		
4		ITAL OR INSTITUTION (IF IT	et in haspital, g	ive street address)		d. STREET ADDRESS			e I C YES	S RESIDENCE ON A FARM? NO K
3	NAME OF DECEASED (Type or print)	ALBERT	irst	Middle I.		Lost EMBREY JR.	4. DATE OF DEATH	Manth JULY	Day 24	Year 19 66
1	S. SEX	6. COLOR OR RACE		NEVER MARR		DATE OF BIRTH				UNDER 24 HRS. Haurs Min.
C	luring most of working DEPUTY F  13. FATHER'S NAME	WHITE ON (Give kind of work dans g life, even if retired) OLICE CHIEF L.EMBREY	D.	DIVOR ND OF BUSINESS OR DUSTRY C.POLICE		6/6/1908 II. BIRTHPLACE (State WASHINGS 14. MOTHER'S MAIDEN I	ON D.C.		12. CITIZEN OF W COUNTRY? USA	
	(Yes, na, ar unknawn) NO	/ER IN U.S. ARMED FORCES? ) ((If yes give war or dates)  DEATH (Enter only one co	of service) 5	OCIAL SECURITY NO. 77 14 321		FORMANT				· W •
The state of the s	Conditions, if on rise to immedia stating the und last.	y, which gove )	(b) (t)	O DEATH BUT NOT I	Texas	De Cezo	ter: H	ART 1(0)	2 19. W. PEI	AND DEATH J
3	200. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH.	ONTRIBUTING [	20b. DE:	SCRIBE HOW INJURY	OCCURRED. (	Enter nature of injury in	Part I or Part II of i	tem IB.)	YES	NO K
Name of the last	20c. TIME OF IN Haur a	JURY Manth, Day, Year I.m. 19	20d, IN While at work	JURY OCCURRED  Nat While at work		E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		ar tawn)	(County)	(State)
2		fy that I taak charg	ge of the remaind couses E	nains described	_	de, Hamicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA		mined manne	7/2 7/2	my apinian 4/66 DATE SIGNED 4/66 D. 3
1	230. BURIAL, CREMAT PEMOVAL (Specifi BURTAL			23c. NAME OF CE CEDAR		REMATORY  CEMETERY	23d LOCATION	TLAND, MA	(County)	(State)
3	JOHN M.	WELCH - LEC	NARDTOV	ADDRESS VN.MD.		2Sa. REC'	BY, REGISTRAR	2Sb. REGISTR	AR'S SIGNATURE	Judge

VR A15ME (5)

5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the Tuneral and 2 should death. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution; Residence before admission) a. COUNTY hours b. COUNTY St. Mary's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 write RURAL and give nearest town) 24 hours after of .5-Patuxent mos.17 days Md. Lexington Park
d. STREET ADDRESS within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Station Hospital, USNAS PatuxentRiv Chinlee 419 completely papers. 3. NAME OF 4. DATE Month 72 DECEASED OF (Typs or print) DEATH C Marie Gibson physician and con se remove terbon n any event, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR certificate be lest birthday) r'emale WIDOWED DIVORCED 1966 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stell, or foreign country) dona during most of working life, even if ratired) Mary's Maryland 13. FATHER'S NAME piease .0 attending pue Everett Gerard Gibson Catherine Elizabeth Regan Then IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT loval, (Yas, no, or unkown) | (If yas give war or datas of service) Everett G. Gibson 419 requires that been signed by the permit. 18. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c). physician. 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Respiratory arrest cremation, burial-fransit DUE TO PHYSICIAN: The law the hospital or attending Increased intracranial pressure Conditions, if any, which gave rise to immediate ceuse The **DUE TO** burial, (a), stating the undarlying has Hydrocephalous couse last. L DIRECTOR: After this certificate had DIRECTOR: After this certificate had be detached for use as the control of the control the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY CERTIFICATION Meningomyelocele 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) While Not While factory, street, office bldg., etc.) at work at work 21. I certify that (I) (this hospital) attended the deceased from JUTY 19.66 to July 22 1966., and that death occurred at 1200M, from the causes and on the date stated above. saw the deceased alive on JULY 22a. SIGNATURE director, page 3 sl be filed with the S ATTENDING MED. STAFF Page 4 PHYS. DIRECTOR PHYS. HOSPITAL M.D. death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wengert. Station Hospital 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL (Specify) JULY 25.1966 HOLY FACE CEMETERY GREAT MILLS. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

LEONARDTOWN. MARYLAND

ARYLAND STATE DEPARTMENT OF HEALTH

St.

Months

Chinlee

(County)

Mary s

Day

Days

17

. IS RESIDENCE ON A FARM?

YES NO W

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19

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

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YES TO

.., 1900, that (I) (we) last

Patuxent Riv

MARYLAND

PERFORMED?

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(State)

22b. DATE

(Stata)

IF UNDER 24 HRS.

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W. CLARKE MATTINGLEY

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### FOR STAT HEALTH DEPT.

Department after death, O DEPUTY MEDICAL EXAMINER: This certificate should be execulled within 24 hours after death. If any delay, Cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. with the State and permit. File pages removal, and in any a burial-transit p æ used as a to burial, 3 should be a agent, prior t TO FUNERAL DIRECTOR: Page of Health or its designated TO DEPUTY MEDI

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINED'S CERTIFICATE OF DEATH. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH

	GOUNTY		a. STATE	b. COUNTY	
S	t. Mary's	MARYLAND	Marylan	.d	St. Lary's
b	CITY DR TDWN (If outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 1b	e. CITY DR TOWN (If	outside corporete limits, write	RURAL and give neafest town)
D	ameron	l month	U. S. N	aval Air Stati	on .
(	. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
		Patuxent Rive	I'	t River, Flaryl	Day Year
1	AME OF First ECEASED John Henry HEI	Middle ETNIENI, Jr.	Last	4. DATE Month OF July	13 1966
5. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR   FUNDER 24 HRS.
Ma			15 OCT 46	19 ута.	
10a. l	ISUAL OCCUPATION (Give kind of work done   10b, K g most of working life, even if retired)	IND OF BUSINESS OR VDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ai		S. Navy	Pittston,		USA
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	hn Henry HEDETNIEM, Si		Jean (n)	NEFF	
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. no. or unknown) (If yes give way or dates of service)		INFORMANT	Address	
		55-3844-12	Enlisted Pe	rsonnel Record	
1	8. CAUSE OF DEATH [Enter only one cause per	ine for (e), (b), end (c).]			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Inti	racranial Inj	uries		Immediate
	1.164	0			
	Conditions, if any, which   DUE TO	omobile Accid	ent		
	gave rise to immediate (				
	cause (e), stating the DUE TO				
	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTDPSY PERFORMED?
NATI N					YES NO
l <u>ë</u> l	20a. EXTERNAL CAUSE WAS 20b.			injury in Part I or Part II of I	
CER	SAUGE OF PERMIT	0		was parked, a	
정기	OC. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, fa ory, street, office bldg., e	arm, 20f. (City or town) St	(County) (State)
MEDICAL CERTIFICATION	Hour 7825. 10:35 p.m. July 131966 at world	Not While	ghway	Dameron, Ma	•
	21. I certify that I took charge of the rem	nains described above, he	eld an Autopsy 🔲,	Inspection 🖳, Inquir	
	death resulted from Natural causes	, Accident 🔀 St	ricide 🔲, Homici	de 🔲, Undetermined m	nanner
	MULHT	· ·	CHIEF MEDICA		92 BATE CICHED
Н	ACTUAL SIGNATURE // LUCY	nettra	M.D. ASSISTANT ME	AL EYAMINER	14 JUL 66
	EXAMINER'S R. E. BURNEISTER			t, city, town, or county)	AS PAX RIV HD
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LDCATION (City, tow	n or county) (State)
B	REMOVAL (Specify) JRIAL JULY 16.1966			PITTSTON.	PENNA
24.	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

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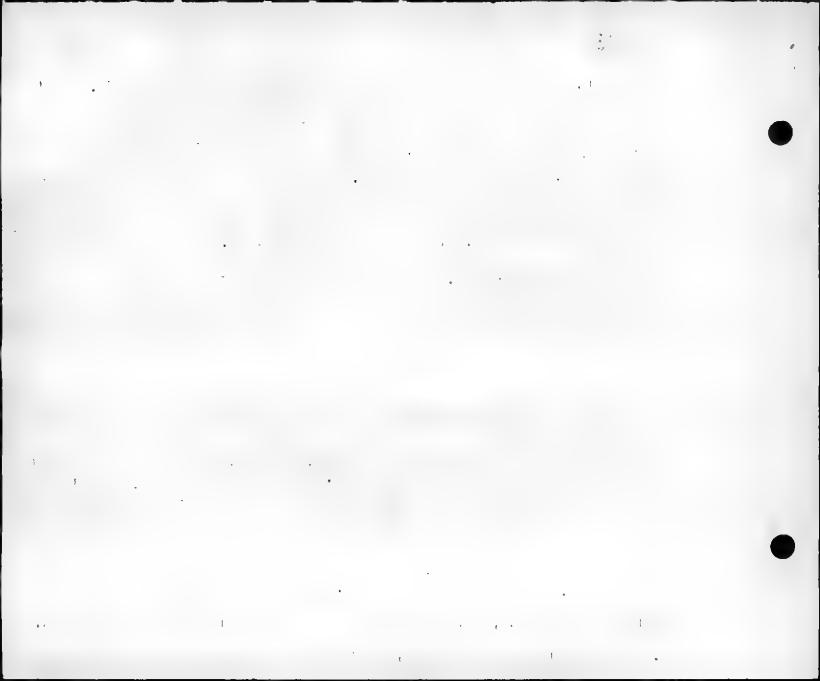
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LEONARDTOWN, MARYLAND . CLARKE MATTINGLEY

DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH

177

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1038	4		CERTI	FICATE	OF DEATH			10	477	
D. COUNTY	MARYS		MAR	RYLAND	2 USUAL RESIDENCE 0. STATE MARYI	E .	osed lived, if institution b. CO			sion)
b (TY OR TOWN write RURAL or	(If outside corporate limited give nearest town)  RDTOWN	rs,	c. LENGTH OF STAY	IN 1b		outside corpo NICSV		URAL ond give n	i	
	TAL OR INSTITUTION (IF I S NURSING F		nve street address)		d STREET ADDRESS				e IS RE	SIDENCE FARM? NO X
3 NAME OF DECEASED		arst	Middle	MIT	Lost	4 DATE OF		nth		Year
(Type or pnnt)  S SEX	SARAH 6 COLOR OR RACE	7. MARRIED	ELIZABE		HERBERT DATE OF BIRTH	DEAT	9 AGE (In years	IF UNDER 1 Y		9 66 DER 24 HRS
FEMALE	WHITE		D. VORCE		9/17/1882		83 yrs	Months D	oys Hours	s Min
100 USUAL OCCUPATIO during most of working HOUSEW	N (G ve kind of work done life, even if retired)	10b KI IN	ND OF BUSINESS OR DUSTRY DOMESTIC		11 BIRTHPLACE (Coun	,	foreign country)	12 CITIZE COUN		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	SEPH DAVIS				MARY	DAVIS				
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service!	SOCIAL SECURITY NO. 20 16 5342		RRY C.DAVI	S - M		lress VILLE, MI	).	
Conditions, if any rise to immedia stating the under last.	y, which gave ) ite couse (o),	(b) (c)	DENTE Pul	MATER TO I	many	way	de la color	rl vi	ONSEL AND	
NO PART II VINER 3	NONINCANT CONDITIONS	CONTRIBOTINO		100	yren	راد المالية ا	THE HET HOS		19 WAS AC PERFOR YES 7	NO MED?
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	CCURRED (	Enter noture of injury i	n Port I or Po	ort II of item 18.)			
20c TIME OF IN. Hour o	JURY Manth, Day, Yeor .m. 19	20d III While ot work			E OF INJURY (Home, fo ory, street, office bldg., et	c.)	(City or fown)	(Count	γ)	(Stote)
saw the c	ify that (I) (this ho deceased alive on	spijal) atten			death occurred o	19 <b>.24</b> ., at	M, from cause	s and on the		
22o. SIGNATURE	X or	Gu	y her	D.M	11110	MED. DIRECTOR	STAFF PHYS	22b. DATE	SIGNED 7/66	
22c. PHYSICIAN' NAME (Typ					22d. ADDRESS MECHAN	ICSVI	LLE MARY	LAND		
230 BURIA , CREMATI REMOVA , (Specif	10N, 23b. DATE TH Y) 7/28/		23c NAME OF CEN		REMATORY EMETERY		LOCATION (City or I		**	(Stote)
24 FLANERAL DIRECT	Wobal.		ADDRESS		25o. RE	D BY REGIS	TRAR 2Sb	REGISTRAR'S SIGN	NATURE	
TOHN MAN	MICH - LEON	IARDTOWN	N MARYTANT	3	DATE	AUG	1 1966	Ochan	Cly Vie	dai

FO HOSPITAL OF ATTINUME PHYSICIAM: The law requires that the duath certificate be executed within 24 hours after death.

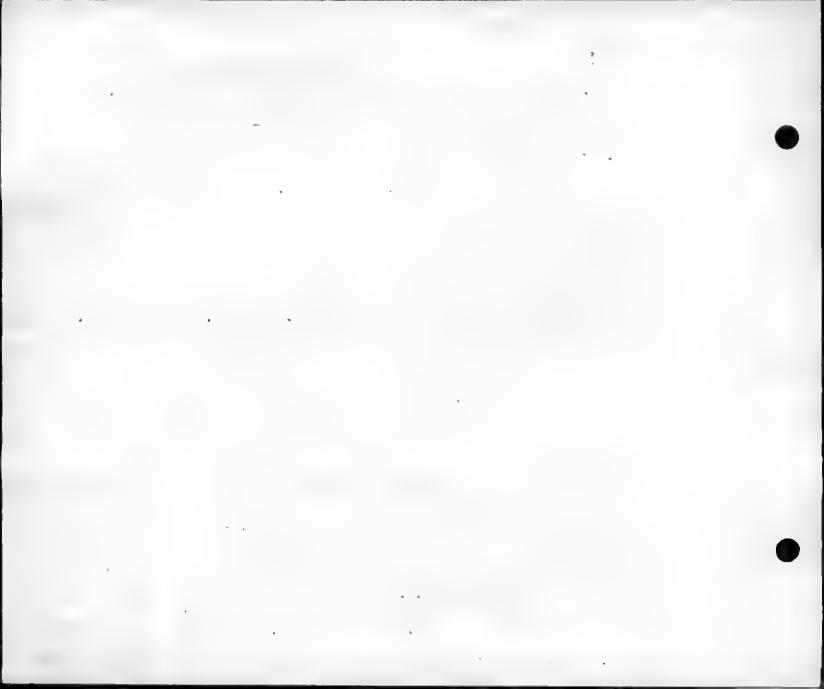
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending sarvesion and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then peace remove carban papers. Pages Jandshould be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after them.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) filled in by the funeral popers. Pages 1 and PLACE OF DEATH o. STATE b. COUNTY o. COUNTY ST. MARYS MARYLAND ST. MARYS MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside carporate limits, LEONARDTOWN RURAL - VALLEY LEE e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? ST. MARYS HOSPITAL YES X NO 3 NAME OF Middle 4 DATE Manth Day First Last Year completely OF DECEASED HERMAN WALTER HEWITT SR. JULY sove cori (Type or print DEATH 66 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH AGE ( n years 7 MARRIED **NEVER MARRIED** ost birthday) Months Hours Min Doys in any MALE WHITE WIDOWED DIVORCED 84 Гепр ond 12 CITIZEN OF WHAT IDo USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY? INDUSTRY FARM during most of working life, even if retired) physician or removal, and USA MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ā e . JOHN HEWITT signed by the attending pleasured trensit There burial tremotion, or removing MARY GRAVES WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates of service) 220 34 7926 VALLEY LEE.MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY. NTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) nse to immediate cause (a). DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FRMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of Item 18.) 2Do ACC DENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, 2Df. (City or lown) (County) (State) 2Dd INJURY OCCURRED 2Dc. TIME OF INJURY Month, Doy, Year Haur a.m. Not While factory, street, affice bldg., etc.) at wark 21 I certify that (1) (this haspital) attended the deceased from 1739M, from causes and on the date stated obove. and that deoth accurred at saw the deceased alive an\_ 22b. DATE SIGNED 22a, SIGNATURE ATTENDING STAFF 7/25/66 DIRECTOR 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type LEONARDTOWN MARYLAND CHARLES GREENWELL M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) 26/66 ST. GEORGE'S CEMETERY VALLEY LEE. MARYLAND ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 LEONARDTOWN MARYLAND



any delay is

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

FOR STATE

P.M3 Page 5 may be retained for your files. (6 EUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any evert within \$2 hours after death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

10485

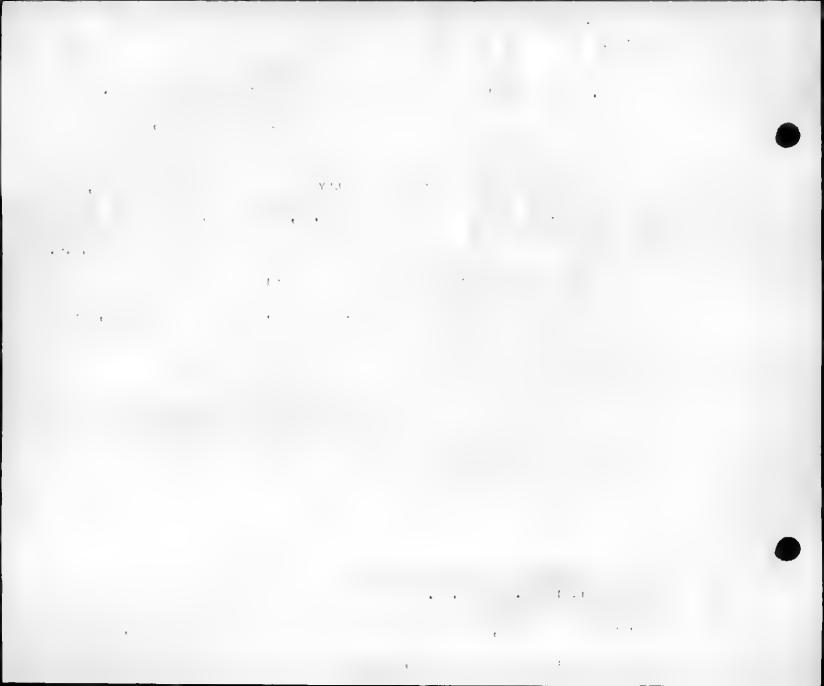
## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

10179

				3 7				
PLACE OF DEATH  D. COUNTY			Where deceased lived, if instituti					
ST. MARY S NEXXXXX	MARYLAND	o. STATE	LAND 6 COUN	ST. MARY (S				
b CITY DR TDWN (If outside corporate limits,	C LENGTH OF STAY N 16		utside torporote him ts, write RUR	RAL and give neorest fown)				
write RURAL and give nearest town) RURAL LEONARDTOWN		RURAL	LEONARDTOWN.	17 1				
d NAME OF HOSPITAL OR INSTITUTION (If not in hospite	il, give street oddress)	d STREET ADDRESS	Economics of the second	e IS RESIDENCE				
				ON A FARM? YES NO X				
3 NAME OF Frst	M ddle	lost	4 DATE Mont	,				
(Type or print) THOMAS	EDWARD	HOLLY	DEATH JULY	23, 19 66				
S SEX 6 COLOR OR RACE 7 MARRI	D NEVER MARRED	8 DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS				
MALE COLORED WIDOW	D VORCED	JAN. 26, 1948	lest birthdoy)	Months Days Hours Mm				
	KIND OF BUSINESS OR	11 B RTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT				
during most of working fe, even if retired)	INDUSTRY		MARYLAND	COUNTRY?				
13 FATHER'S NAME		I 14 MOTHER 5 MAIDEN						
JOSEPH JACKSON HO	LLY		ABETH AGNES BR	noks				
		7 INFORMANT	Addre					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates of service)	16_50_6818	ELIZABETH B.H						
		LIZABEIN Dall	ULLY LEUNAR	DTOWN, MARYLAND				
18 CAUSE OF DEATH (Enter only one couse per ne PART , DEATH WAS CAUSED BY	r L	e es	1*	NTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)	An ora	Marien 6	Lowery	1,632,47,60				
2/6 4 DUE TO			O					
Conditions, if any, which gove (b)								
stoting the underlying couse DUE TD								
last. (c)								
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
200 EXTERNA CA. SE WAS 120h	ture left	15 mil		YES NO M				
	DESCRIBE HOW INJURY OCCURR		Port I or Port II of item 18)	,				
PRIMARY TO ONTR BUTING CAUSE OF DEATH	· ·	of one in	& Padles L					
2Dx TIME OF N. RY Month, Doy, Year 20d		PLACE OF INJURY (Home, for		(County) (Stote)				
Hour om. W	nile Not While	factory, street, office bldg, etc		2 TV				
1 - Or oth	4:00 am 1-22 1964 otwork & Sy ROULE & 5 Jan - eller 311164 14.							
21. I certify that I took charge of the				iry 🕘 and in my apinian				
death resulted from Natural causes	, Accident , S	vicide 🔲, Hamicide	, Undetermined me	anner				
ACTUAL 6	-7//	CHIEF MEDICAL		99 BATE CICATED				
SIGNATURE 76-C-V	12-1-		DICAL EXAMINER	22. DATE SIGNED				
EXAMINER'S WALLE TO COME	W 6	DEPUTY MEDIC		7/20-100				
	M. D.		t, city, fown, or county)	1/3/2/40				
230 BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23¢ NAME OF CEMETERY		23d LOCATION (City or Tov					
BURJAL JULY 26,196			MEDLEY S NE					
24. FUNERAL DIRECTOR	ADDRESS		ADDC 1	CISTRARS SIGNATURY Judge				
W. CLARKE MATTINGLEY LEON	ARDTOWN. MARYL	AND DATE J	UL 27 1956					

VR A15ME (5)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the 1 a. STATE b. COUNTY after after ST. MARY S ST. MARY'S MARYLAND MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) allrs. p hours Ξ. LEGNARDTOWN DAY8 RURAL MECHANICSVILLE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? within 72 ST. MARY'S HOSPITAL YES X ND . letely completely ive carbon NAME DF First Middle DATE Last 4. Month Year DECEASED event, (Type or print) DEATH SUBLE HOLT 19 66 JULY executed 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. 7. MARRIED [ 8. NEVER MARRIED last birthday) · · any Months Days Hours and FEMALE NEGRO WIDDWED K DIVORCED Aug. 5. 1889 6 ind in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even If retired) INDUSTRY COUNTRY? HOME certificate removativa HUOSE WIFE MARYLAND U.S.A 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending parmit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address the attent permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, MARY NONE C. HOLT MECHANICSVILLE. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician, IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause fast. has CATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Health certificate YES NO T CERTIFI 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) jo detached te Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be chould be filed with the State p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED De De MED STAFF M.D. PHYS. DIRECTOR PHYS. may PHYSICIAN'S ADDRÉSS TO FUNERAL director, p NAME (Type) MECHANICSVILLE. MARYLAND 23a. BURIAL, CREMATION. | 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURTAL (Specify) ST. JOSEPHS CEMETERY MORGANZA. MARYLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE VR A15 (4) W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND DATE

20M 1/65

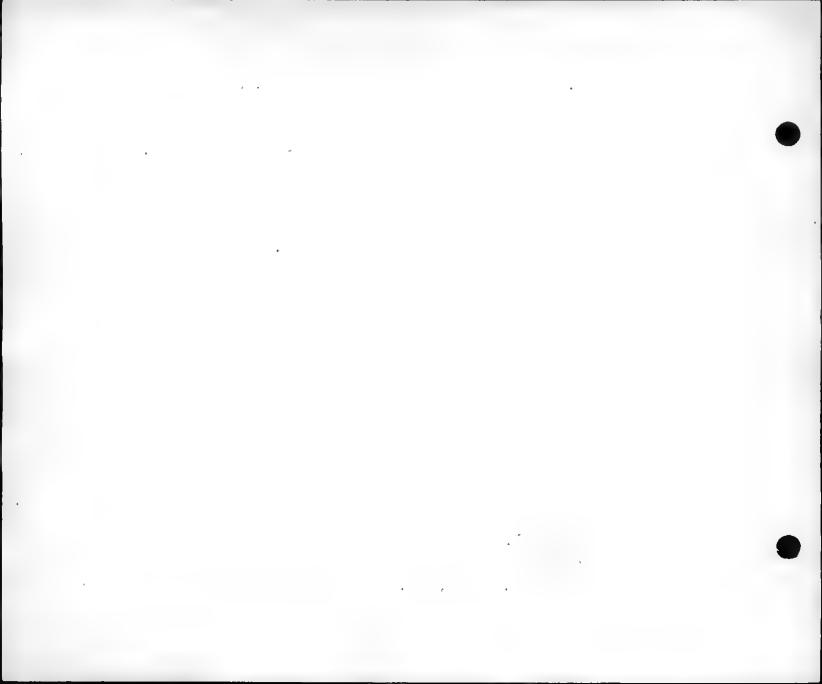
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 488 funeral and 2 death. and 2 death. 1. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ges 1 after after ST. MARY S ST. MARY S the MARYLAND MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 學學 oon papers. Pag within 72 hours hours LEONARDTOWN. DAYS HOLLYWOOD Ξ, filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY'S HOSPITAL NO X Box 176 YES completely 1 within NAME OF First Middle DATE Month Year DECEASED OF LEFORT DEATH (Type or print) ELIZABETH ANN 19 66 JULY executed eve 6. COLOR OR RACE | 7. MARRIED and co DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) | Months Days Hours any FEMALE WIDOWED Y DIVORCED WHITE SEPT. SEPT. 1. 1880 85 yrs. physician and please ru 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT þe COUNTRY? and U.S.A ST. LOUIS. MISSOURI certificate 13. FATHER'S NAME remova ed by the attending parameter. Then the consit permit. Then the constion, or remove JOHN MATHEWS MARGARET MULLEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address death **Јони** V. LEFORT SAME AS # ABOVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN The law requires that the been signed by the burial-transit or to burial, crema ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate had detached for use a te Dept. of Health p PERFORMED? YES [ NO Z ST. the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. ould be d the State While Not While ATTENDING Àq at work at work retained deceased from 1944, 1956 that (I) (we) last 1966 that (I) (we) last 1966, and that death occurred at 8.26 M, from the causes and on the date stated above. AL DIRECTOR: A page 3 should filed with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. director, pag should be fil HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) WILLIAM H. PATRICK M. D. LEXINGTON PARK MARYLAND BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) BURTAL GLEENWOOD CEMETERY .1968 WASHINGTON. JULY 22 REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGNATURE Charley 1866 W. CLARKE MATTINGLEY VR A15 (4) LEGNARDTOWN, MARYLAND DATE 20M 1/65

was stated to the state of the

* 1	I		PARTMENT OF HEALTH  1 W PRESTON STREET BALTIMORE MARYLAND 212	nı
COD CLOSE		Division of STATISTICAL RESEARCH AND RECORDS, 30	CERTIFICATE OF DEATH	169
FOR STATE				436-
HEALTH DEPT		LACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution Residence o STATE b. COUNTY	e before admission)
元古島 海東		COUNTY St. Mary's MARYLAND	D.G.	
elay i d 3 t Pag nent e		CTY OR TOWN (If outside corporate mits c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CTY OR TOWN (If autside corparate imits, write RURAL and give	nearest town)
2, and 3 to PM3 Page partment of ofter death		Bushwood	Washington	
ep cof		NAME OF HOSPITAL OR NSTITUTION (If not in hospital give street address)	d STREET ADDRESS	e S RESIDENCE ON A FARM? YES NO 1
ter death If any delay Give Pages 1, 2, and 3 ang with farm PM3 Pages th the State Department ith n 72 hours after deat		Lon-view Beach	2715 - 17th Street, N.E.	YES NO 1
after death 3. Give Pages along with fe		NAME OF First Middle DECEASED Too	Lost 4 DATE Month	Day Year
ve F ve F J wi		Type or print) BRANTLEY Lee	LINDER T. DEATH July	3 19 66
	S		8 DATE OF B RTH 9 AGE (In years IF UNDER 1 last birthday) Manths	YEAR IF UNDER 24 HRS Days Hours Min
		Male Colored WIDOWED DIVORCED X	April 24, 1939 last buthday) Manths	
from 19 Office and 2 event		usUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR NDUSTRY		ZEN OF WHAT
# 77 To a		, , , , , , , , , , , , , , , , , , , ,	gal Wash., D.C.	U.S.A.
niners niners pages 1	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
n penilin Examine F le pag and in a	_		TANA CARROLL TO THE C	
d be executed withing d' "pending" in pendical Examina, transit permit F le page, or remaval, and in a		WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. (If yes give wor or dates of service)	INFORMANT Address	
adici	Ĺ,	Yes	14.5.4	The state of the s
be executed "pending" ii hief Medical ansit permit or remaval,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
ould be e vard "per ne Chief I al-transit ion, or re		IMMEDIATE CAUSE (a) Browning	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
should I te ward a the Ch bur al-tra mation, o		Cond hons, if ony, which gave ) ONE TO Subluxation of new	ck with contusion of cervical	
she watt		nse to immediate cause (a), DUE TO		
arte g th ed h		stoting the underlying couse		
s certificate should e, writing the ward farwarded ta the Ch s used as a bur al-tro burial, cremation,		Dost. J (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
certil , writ arwar used buria	NO.	PART II OTHER SIGNAPICANT COMPTIONS COMPTIONS TO DERVIT BUT NOT RECEIVED TO	THE PERSON OF THE PERSON OF THE PERSON (P)	PERFORMED? YES X NO
	CERTIFICATION	200 EXTERNAL CALISE WAS 1206 DESCRUBE HOW IN HIRY OCCURRED	(Enter nature at injury in Part I or Part II of stem 18.)	TO LAP NO L
THE PER PER PER PER PER PER PER PER PER PE	ERI	200 EXTERNAL CAUSE WAS PRIMARY € 00 CONTRIBUTING ☐ CAUSE OF DEATH  20b. DESCRIBE HOW IN.URY OCCURRED Dived into shal		
INER: e certifi shauld   files. 3 should		20c TIME OF IMILIAY Manth Day Year 20d INITIRY OCC. RRED - 20e PLA	ACE OF INJURY (Hame, farm 20f (City or town) (Cou	nty) (State)
	WEDICAL	Hour XXXIII While Not While	tory, street office bldg, etc) Wicomico River St	.Mary's Md.
Ute Ute you had be been you had o		21. I certify that I took charge of the remains described above, he		and in my opinian
Al Al Far		death resulted from. Natural causes , Accident , Sui		]
se es scha ned ned ssig		death festived from. Maintai causes [], Accident [], Son	CHIEF MEDICAL EXAMINER	
MED Please directer retainer DIREC		SIGNATURE OCCUSSED STIFLES	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY MEDICA iny, please e- eral director be retained RAL DIRECT or its design		EXAMINER'S Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER	July 4, 19
o DEPUTY MED. AL EXAM necessary, please execute it the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health at its designated aga		NAME (Type)	Address (Street, city, town, or county)	
O DI the 1	230	BURIAL CREMATION. 236 DATE THEREOF 23 THAME OF CEMETERY OF	CREMATORY 23d TOCATION (City or Town)	(County) (State)
2 5 2		REMOVATISPECTY 1-7-66 (Mency	on worth	1100
VR A15ME (5)	2/	FUNERAL DIRECTOR ADDRESS ADDRESS	250 REC'D BY REGISTRAR 250 REGISTRARS 5	rles Judge
VK Alomb (5)	1	1N117 1300000 1 12 2 105	Mr. JUL 1 1 1966 Mila	The state of the s

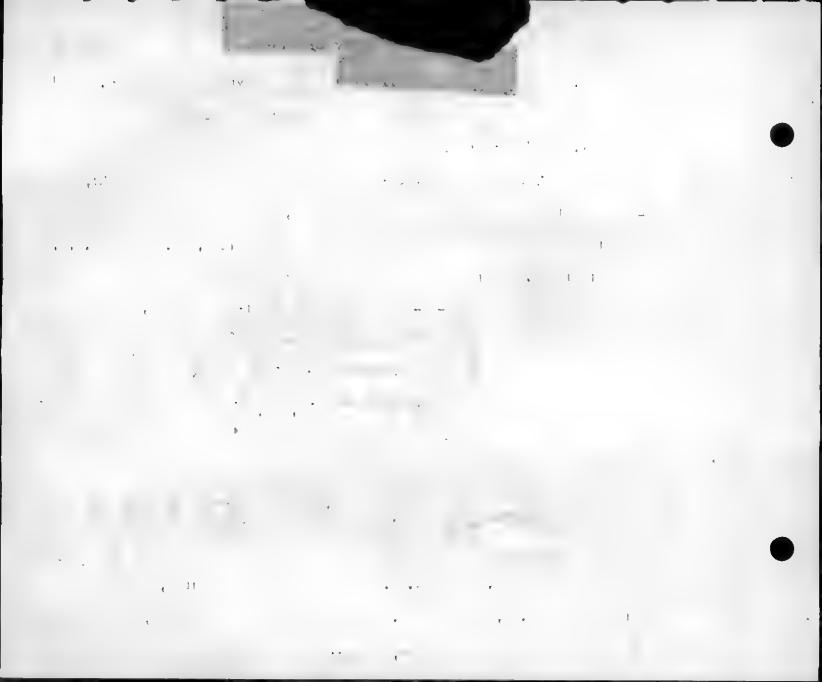


# MARYLAND STATE DEPARTMENT OF HEALTH 10483 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10483 CERTIFICATE OF DEATH

_											
1.	a. COUNTY	MARY IS		MARYLA	ND.	2. USUAL RESIDEN	CE (Where dec	eased lived, if inst b. COUN	TV	MARY S	nissian)
		N (if outside corporal and give nearest tow	te limits,	c. LENGTH OF STAY		c. CITY OR TOWN (I		orate limits, wri			town)
	CHAPTIC		rn)	3 YEARS		RURAL	CHAPT	I CO		18.1	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	ON (if not In I	hospital, give street add	iress)	d. STREET ADDRESS	3			e. IS RESI ON A FA	ARM?
3.	NAME DF DECEASED	Fi	rst	Middle		Last	4. DATE	Month		Day Year	
<b> </b> _	(Type or print)	NEL	LIE	CURTIS		NEALE	DEATH	JUL	t	18, 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	D NEVER MARRIED	] [ 8	, DATE OF BIRTH	9,	AGE (In years   last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS.
F	EMALE	COLORED	MIDOWED	DIVORCED [		MARCH 2,190	09 5		Months	Days Hours	Mitu"
10 do	a. USUAL OCCUPAT	10N (Give kind of working life, even If retire	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (		or foreign country	12. CIT	IZEN OF WHAT	
"	and more or more.	ang anol even in terrie	*/	INDOSTRI		MADDOX.	MAI	RYLAND		S.A.	
13	. FATHER'S NAM	Ē				14. MOTHER'S MAI			, ,		
		GEORGE CU	RTIA		ĺ		MARY J	ANE HAWK	INS		
1	5. WAS DECEASED I	VER IN U.S. ARMED FO	RCES?   16	. SOCIAL SECURITY NO.	17.	INFORMANT	111111111111111111111111111111111111111	Addres			
	es, no, or unkown)	(If yes give war or dates o		13-35-0536	Сн	RISTOPHER (	.NEALE	2800 W	ODLEY	Ro. N.	W.
=	18. CAUSE DF 1	DEATH [ Enter only on		line for (a), (b), and (c).	]		WASH	INGTON,	D.C.	INTERVAL BET	
		ATH WAS CAUSED BY IMMEDIATE CAUSE		70-72. 8	0,	7:01	Work	2.0.		ONSET AND DI	EATH
	1 200					The state of the s	12021	/ (((14))		<del>-/3</del> -/4	المال
	Conditions, If	any which I	(b)	artin	ed/	20 Con	+ len	47)		1020	. ^
	gave rise to	Immediate (		000000	Same by		<u> </u>				
	cause (a), stating the DUE TO underlying cause last. (c),										
CERTIFICATION	PART H. OTHER S	IGNIFICANTCONDITIO		UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a)	19. WAS AUT PERFORM YES 1	OPSY IED?
	I OR CONTRIBUTI	WAS UNDERLYING DEATH OF DEATH MEDICAL EXAMILE	TH	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	of Injury In Pa	rt I or Part II of	Item 18.)		- Comp
MEDICAL	20c. TIME OF I Hour a.m		Year   20d. While lat wor	Not While	e. PLAC factor	E OF INJURY (Home, f y, street, office bldg.,	farm, 20f. (etc.)	City or town)	(Coun	ty) (St	ate)
-	21. I certif	v that (!) (this hose	oital) attend	ded the deceased from	m C	1. 12 21.1 1	1962 to	July 18	1964	≤, that (1) (we	e) last
		eased alive on	) cel	18 19 66, and			1 -1				
	22a. SIGNATUR		J. 2 5	/ ( "			P			TE SIGNED	
		- Lillx	1/3	20070 171	∕м.д.	ATTENDING PHYS.	DIRECTOR _	STAFF PHYS.	7	120/68	
	22c. PHYSICIA NAME (Ty	ne)		//		22d. ADDRESS				/	
		WILL	IAM D.				LEONA	RDTOWN,	MARYL	AND	
23	a. BURIAL, CREM.	clev	THEREOF	23c. NAME OF CEM				CATION (City, to	wn or cour		
	BURIAL Spe		,1966	1	EAF	RT CEMETERY		енwоори		MARYLAN	1D
	FUNERAL DIRE			ADDRESS		1	EC'D BY REGIS	TRAR 25b. RE			
1 1	N.CLARKE	MATT INGLEY	LEONA	ROTOWN. MARY	YLAD	VD DATE I	UL 2.6	1966	may	les Judg	~

VR A15 (4) 20M 1/65

	1 ( , A	ARTMENT OF HEALTH
	=0-1	DIVISION OF STATIS  10491  10491
eath	funeral and 2 death.	1. PLACE DF DEATH 42. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and the contract of th
-	1 2 2	a. COUNTY ST. MARY S MARYLAND ST. MARY S MARYLAND
afte.	in by the s. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, I c. LENGTH OF STAY IN 1b . c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
23	by the Pages urs aft	write RURAL and give nearest town)
ווסנו	: \$ \$ \$	d NAME OF HOSPITAL OR INSTITUTION (if not in brenital give street address)   d STREET ADDRESS   18. IS RESIDEN
24 hours after death.	mpletely filled i carbon papers. nt, within 72 h	ST. MARY 8 HOSPITAL
PHYSICIAN: The law requires that the death certificate be executed within	etely rbon , with	3. NAME OF First Middle Last 4. DATE Month Oay Year
Wil	plet arb at, v	(Type or print) JOHN JOSEPH NORRIS DEATH JULY 31 19 66
100	completely we carbon event, with	5. SEX   6. COLOR OR RACE . 7. MARRIED   7. NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24H
noe	remove n fine ev	MALE WHITE WIDOWED OLVORCED MARCH 1.1907 59 yrs.
ex	n ar	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or fereign country)   12. CITIZEN OF WHAT
9	sician lease r	
9	> p -	FARMING GREAT MILLS MO. U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
1103	s pl	AND TABLE S WAINE AND THE STATE OF THE STATE
ET.	ding The man	WILLIAM L. NORRIS  LUCILIE DVFR  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT  Address
- C	attending ph ermit. Then on, on removal	(Yes, no, or unknown) [(IF yes give war or dates of service)
eat	the atten t permit. ation, on	No   213-14-2906   MRS EDNA NORRIS CALLAWAY, MARYLAND
-	ian. d by the attending ph Iransit permit. Then c⊪emation, o⊓ removal	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (p).]
#	pnysician. signed by t urial-transit ourial, cmema	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  WILLIAM CAUSED BY: IMMEDIATE CAUSE (b)
12:	0 0 7 -	DUE TO (A)
S.	pnysici signe burial-t burial,	Cenditions, If any, which (b) Tulmmany classified M.
늘	ding p been the bi	gave rise to immediate
₽:	틀꼭축구	underlying and least
* 3	has be as the prior	
9	e hospital or ati his certificate h tached for use Dept. of Health i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)
lien.	ospital or a certificate hed for use t. of Health	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
NA.	hospital s certific ched for pt. of H	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 1 of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OF ITHER, NOTIFY MEDICAL EXAMINER)
2	ne hos this ce etache Dept.	
	도 4-의	3 2DC. This of history month, bay, teal 200. Intoki obtained of printing the state of the history of the state of the stat
	After t After t d be de s State	Hour a.m. While Not While at work at work
ATTENDING	D	21.   certify that (1) (this beauted) attended the deceased from 11000, to 13 19.6(s, that (1) (week)
重	ECTOR: A 3 should with the \$	saw the deceased alive on 7/51/19 2 and that death occurred at 92 M, from the causes and on the date stated abo
2	with with	22a. SIGNATURE 22b. DAYE SIGNED
8	nay be NL DIR page page filed	M.D. ATTENDING OIRECTOR STAFF OIRECTOR PHYS.
펄	May (SAL D	22c. PHYSICIANS NAME (Type)  ABOUT M. D. COMMAND
-	4 H 0 H	RAME (Type) / JAMES P. JARBOE M. D. GREAT MILLS, MARYLAND
2	Page S FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
2	- 5 - 2	BURMONAL (Specify) Aug. 2,1966/ ST. JOSEPHS CEMETERY MORGANZA, MARYLAND
	0	24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
V/E	A15 (4)	W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND DATE AUG 8 1866 Milaring Judge
	M 1/65	W. CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND DATE MUU 6 (500 )



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trangit permit. Them please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M I/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
10492	CERTIFICATE OF DEATH	10455

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If instruction: Residence before admission)			
ST. MARY'S MARYLAND	MARYLAND ST. MARY S			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)			
LEONARDTOWN D.O.A.	RURAL PARK HALL			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?			
St. MARY'S HOSPITAL	YES KI NO			
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) THOMAS EUGENE Pr	EACOCK DEATH JULY 21 19 66			
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Months   Days   Hours   Min.			
MALE WHITE WIDOWED DIVORCED	Nov-27-1892 73 yrs.			
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT			
during most of working life, even if retired) INDUSTRY	COUNTRY?			
TARMING  13. FATHER'S NAME	MARYLAND U.S.A.			
	,			
JOSEPH PEACOCK	ALICE CUNNINGHAM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (18 yes give war or dates of service)	INFORMANT Address			
220-34-4896   00	DRA E.PEACOCK PARK HALL, MARYLAND			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
IMMEDIATE CAUSE (a)	The state of the s			
Conditions, If any, which	4-7			
gave rise to immediate				
cause (a), stating the DUE TO				
underlying cause last. (c)	TED TO THE LERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA  This change and four  20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 13. WAS AUTOPST PERFORMED?			
a arthetis chrone and your	YES NO			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)			
I Wille Mot Wille M	ry, street, office bldg., etc.)			
E p.m. 19   at work   ]				
21. I certify that (I) (this hospital) attended the deceased from (L)				
	death occurred at a lord, from the causes and on the date stated above.			
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED			
M.D	D. PHYS. DIRECTOR PHYS.			
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS			
P. J. BEAN M. D.	GREAT MILLS, MARYLAND			
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)				
BURIAL JULY 23, 1966 ST. MICHA	RIDGE MARYLAND			
24. FUNERAL DIRECTOR ADDRESS	JUL 26 1986 GUARLES Judge			
W.CLARKE MATTINGLEY LEGNARDTOWN, MARYL				

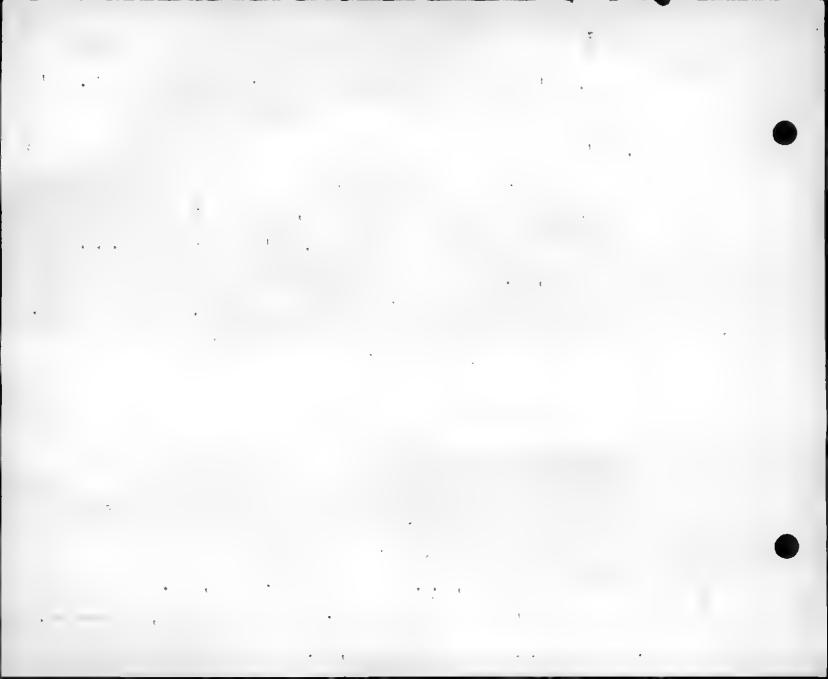
1 , 16" 1 2 • e 1 .

Y = 1.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation of removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND STATE D  DIVISION OF STATISTICAL RESEARCH AND RECORD  CERTIFICA		N STREET, BALTIMOR	E 1, MARYLAND			
	1.	PLACE OF OEATH  a. COUNTY  ST. MARY 8 G  MARYLANO  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 18	a. STATE MARY	CE (Where deceased lived, If institution b. COUNTY b. COUNTY outside corporate limits, write	ST.MARY'S			
		LEONARDTOWN d. WAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addres  St. Mary * 5 Hospital	d. STREET ADORESS	OWN	e. IS RESIDENCE ON A FARM? YES NO			
	3.	NAME OF FIRST MIDDLE OF DECEASED (Type or print) THOMAS ANTHONY	Last QUADE	4. DATE Month OF DEATH 7	Day Year 6 1966			
	10a dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  INDUSTRY	ST. MARY S	last birthday) Mary Land	ONDER 1 YEAR IF UNDER 24 HRS. ONTHS Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.			
)	15	FATHER'S NAME  DAY D ROY QUADE IR  WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17  s, me, as unknown) (If yes give war er dates of service)	PATRICIA	ANN KNOTT Address	NARDTOWN, MD.			
		18. CAUSE OF DEATH [Enter only one cause per liveyfor (a), (b), and (c).],  PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	C. Prem	uoria	INTERVAL BETWEEN ONSET AND DEATH			
*1 ***	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RE  20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			PERFORMEC? YES NO NO			
	MEDICAL (	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. P   Hour a.m.   While at work   at work	LAGE OF INJURY (Home, factory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)			
1	21. I certify that (I) (this hospital) attended the deceased from							
)		NAME (Type) CHARLES GREENWELL, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) BURIAL 7/8/66 SACRED H	RY OR CREMATORY	23d. LOCATION (City, town	MARYLAND.			
3	24	W. CLARKE MATTINGEY LEONABOTOR	11	C'O BY REGISTRAR 256. REG JL 1 1 1986 20	Charles Judge			

VR A+5 (4) 20M 1/65



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The law

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH res - and 2 after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE the ST . MARY S ST. MARY S MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b Hours .5 EONARDTOWN papers. d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 ST MARY S YES ND X completely ve carbon p NAME DE First Middle DATE Month Last 4. Year DECEASED event, Boy PRICE (Type or print) BABY DEATH 1966 6 JULY 6. CDLOR OR RACE and cor DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours and in any WIDDWED DIVORCED | NEGRO 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

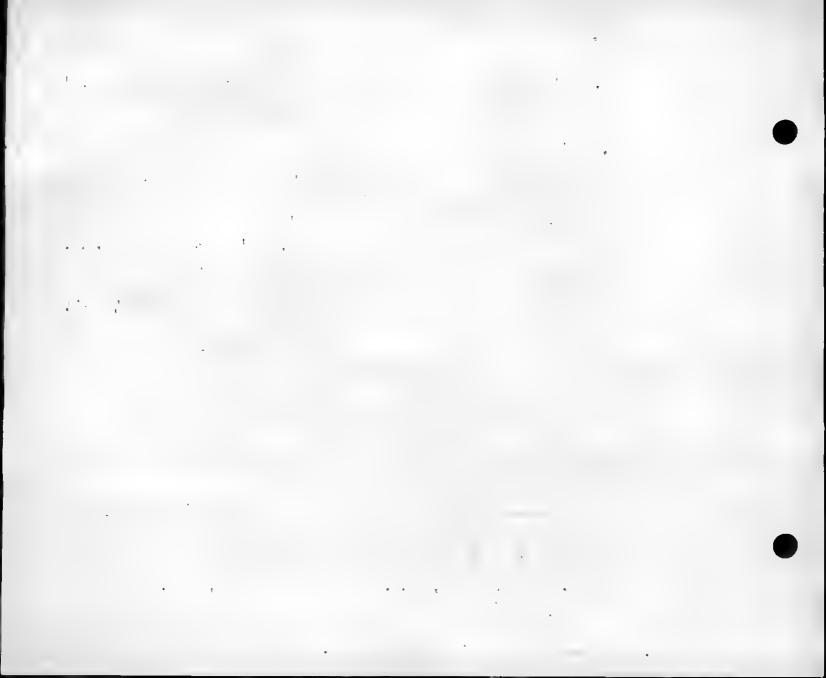
10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work done in Dustry) 12. CITIZEN OF WHAT privisician ease CDUNTRY? ST. MARY S

14. MOTHER'S MAIDEN NAME J.S.A removal. 13. FATHER'S NAME attending pm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AGNES MARLE PRICE 16. SDCIAL SECURITY ND. 17. INFORMANT Address the attendit OL Mo Mo (Yes, no, or unkown) (If yes give war or dates of service) HSPPXXX888 cremation, JOHN BARBER been signed by the burial-transit to burial, cremati 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate as the b DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY for use Health PERFORMED? certificate YES retained by the hospital 20a, ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached f te Dept. of 8 DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE DF INJURY (Home, farm, (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. Not While After p.m. 19 at work at work DIRECTOR: Af age 3 should liled with the S 21. I certify that (1) Ithis hospitel) attended the deceased from that (1) (we) last saw the deceased/allve pn and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 90 page ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS may TO FUNERAL PHYSICIAN director, p should be NAME (Type) GREAT MILLS. ATRIC JARBOE. MCCATION (City, town or acounty) BURIAL, CREMATION. NAME OF CEMETERY DR CREMATORY (State) REMDVAL (Specify) q BURIAL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REGISTRAR 25b. MD. W. CLARKE MATTINGLEY LEONARDTOWN

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

TOST TITLE



# FOR STATE HEALTH

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm.t File pages land with the State Department of Health or its designated agent, prior to burial, crematian, at removo, and in any event within 72 haurs after death. uny delay is # Item 18. Give Pages 1, 2, and 3 to This certificate should be executed within 24 hours ofter death. If in pencil necessory, please execute the certificate, writing the word "pending" TO DEPUTY MESTAL EXAMINER:

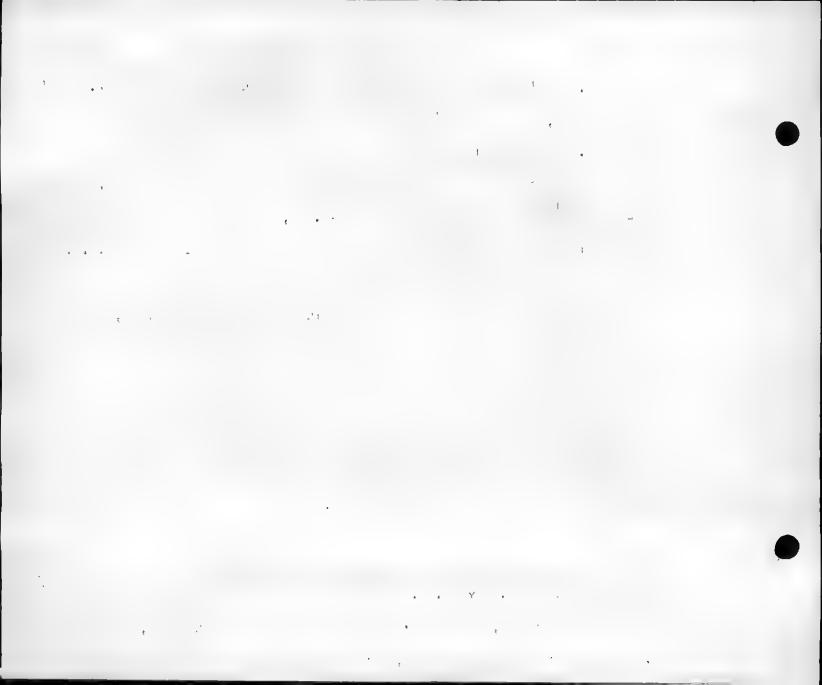
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10499

	10495	ME	DICAL EXAMINER'S	CERTIFICATE U	F VEAIH	10300	
1 PLACE OF DEATH				2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)			
	ST. M	ARY IS	MARYLAND	o. STATE MARY	LAND b. COUNTY	ST. MARY S	
-	b CITY DR TDWN (If auts de corporate limits, write RURAL and give nearest lown)  LEO NARDTOWN			c CITY DR TOWN (If autside corporate limits write RURAL and give nearest town)			
				LEONARDTOWN			
d NAME OF HOSP TAL OR INSTITUT ON (It not in haspital, give street address)			d STREET ADDRESS		e 15 RESIDENCE		
ST. MARY'S HOSPITAL				LAWRE	ENCE AVENUE	ON A FARM?	
3	NAME OF	First	Middle	Last	4 DATE Month	Doy Year	
	OFCEASED (Type or pant)	ERTIE	MARTHA RE	ADMOND	OF DEATH JULY	23, 19 66	
S.	SEX 6 60.0	R OR RACE 7. MARRIES	NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours Min	
F	EMALE WXXX	WIDOWER	DIVORCED	JAN. 10,1882	84 yrs	10013	
100	USUAL OCCUPATION (Give kind	d of work done 10b	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
during most of working life, even if retired)  HOUSE WIFE					MARYLAND	U.S.A.	
13 FATHER'S NAME				14 MOTHER'S MA DEN NAME			
	7	7 BROWN			ET GATTON		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INI (Yes, no, or unknown) (If yes give wor or dotes of service)				FORMANT Address			
				S MILDRED KI	OTT LEONARDTO	WN. MARYLAND	
	18. CAUSE OF DEATH (Ente		or (o), (b), and (c).)	u	,	ONSET AND DEATH	
	PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  (CRORE CAUSE VALUE CAUSE (a)						
	DUE TO						
	Conditions, if ony, which gove (b)						
	storing the underlying couse DUE TO						
	lost. (c)						
NO	PART II OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0)  19 WAS AUTOPSY PERFORMED?						
TATE OF	On CALCULATION COLOR MARC		roaluna ++	73		YES NO	
CERTIFICATION	20b DESCR BE HOW NJ.RY OCCURRED (Enter noture of injury in Port I of Term 18)						
	CAUSE OF DEATH.  20c TIME OF INJURY Month, Doy Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State)						
MED CAL	20c TIME OF INJURY Month Hour arm	, (,		tory, street, office bldg., etc.)		(County) (State)	
2	6,00 pm 7			Herry			
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion						
	deoth resulted from Notural couses [2], Accident [], Suicide [], Homicide [], Undetermined monner []						
	ACTUAL	71.57	2 (	CHIEF MEDICAL		22. DATE SIGNED	
	SIGNATURE - TO STATE			M D ASSISTANT MED DEPUTY MEDICA	ICAL EXAMINER	m 1 /	
	EXAMINER'S NAME (Type) Will	LIAM D. BOY	M. D.		, city, town, or county)	7/25/66	
230	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)						
BURIAL Specify JULY 25, 1966 ST JOHNS CEMETERY HOLLYWOOD. MARYLAND							
_	24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURES						
	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE JUL 27 1986 Frances July						

W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

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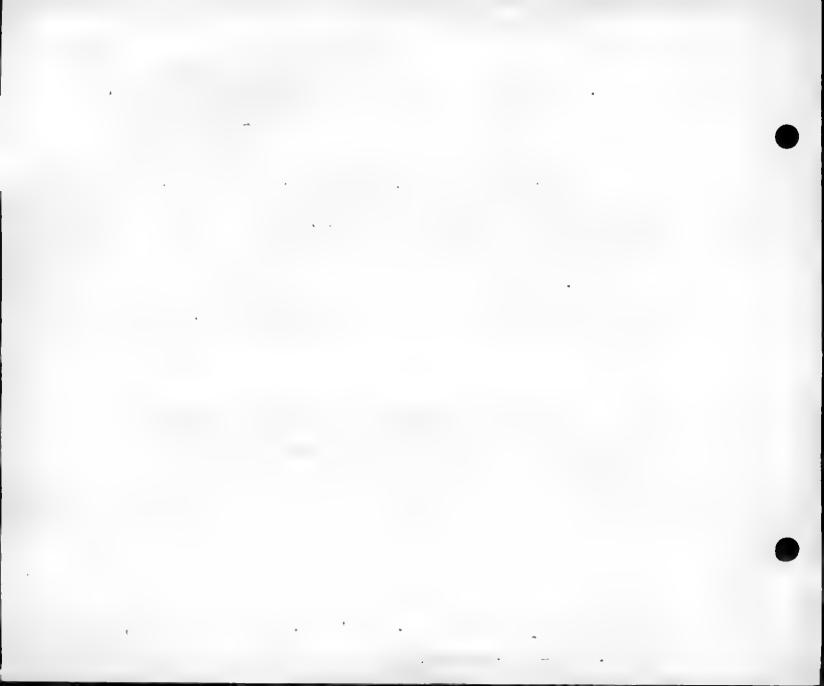
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE 30106 DEATH TO ACO

1		アのおり	U	CALL	OI DEATH						140	J				
		PLACE OF DEATH						2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)								
		a. COUNTY ST.	MARYS			MARYL	AND	ο. STATE M Δ T	RYLA	MD		b. cour		MARY	S	
	ŀ	CITY OR TOWN (I	f autside carparate limit	15,	c LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside carporate limits, write RURAL of								
	Oa	akville	(ruraln	ear :	Medhai	nicsvil	le)	RUE	RAL	- MI	CHAN	ICSVI	LLE			
		NAME OF HOSPITA					d STREET ADDRE		814	14.49274	20012	44.44	- 1	15 RESIL		
4								BO	OX 1	76				,	ON A F	
		NAME OF	F	ırst		Middle		Last		4. DAT	E	Mant	h	Day	Yes	
		Type or print)	JENNIE			CORNELIA		REED	REED OF DEATH		TH JULY		28	28 19 66		
	5 5	SEX	6 COLOR OR RACE	7 MAR	R ED	NEVER MARRIED		B. DATE OF BIRTH				(In years	IF UNDER	1 YEAR	IF UNDER	24 HRS
	F	EMALE	NEGRO	Wibo	WED T	DIVORCED		3/2/1889	-		81	birthday)	Manths	Days	Hours	Min
			(Give kind of work done	1	Ob. KIND OF			11 BIRTHPLACE (		& State, o	r foreign co	ountry)		T ZEN OF	TAHW	
	duri	HOUSEWII	te, even if refired)		INDUSTRY	OMESTIC		MARYLAND					- ((	UNTRY?		
	13.	FATHER'S NAME	14. MOTHER'S MA DEN NAME													
		GEORGI	E W.THOMAS					Al	INIE	YOU	JNG					
			R IN U.S. ARMED FORCES? (If yes give war ar dates			SECURITY NO	17 1	NFORMANT				Addre	55			
		NO	(ii Aez dise wai ai adiez	O1 Selvice)		56 0689		JOSEPH F	REEL	) - S	SAME	AS #2				
			ATH (Enter any one ca	use per lu				. /	0		1				RVAL BET	
		PART I. DEAT	H WAS CAUSED BY !MMEDIATE CAUSE	(a)	Z	- sem	len	al Vic	ساس	n	ho	ui		2	ET AND D	EATH
		4234	501	TO		10		0 1.				~				
		Conditions, if any, rise to immediate		(b)		rae	94 C	Kerche	0	レレ	de	May				
		stating the under		TO												
		last.	,	(c)			· <u></u>							1		
	10	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBU	TING TO DEAT	TH BUT NOT RELA	TED TO 1	HE TERMINAL DISEA	ASE CON	DITION G	GIVEN IN P	'ART 1(a)		19	WAS AUTO PERFORM	ED?
	CATI			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)								S	NO K			
	CERTIFICATION	OR CONTRIBUTING	UNDERLYING  CAUSE OF DEATH	20	0b. DESCRIBE	HOW INJURY OC	CURRED	Enter nature at inj	IntA tu	Part Lar	Part II of	item 1B.)				
			MEDICAL EXAMINER)							1 00	C 2001					
	MEDICAL	20c TIME OF INJU	IRY Manth, Day, Year		20d INJURY ( While	OCCURRED Not While		E OF INJURY (Homary, street, office bid			(City	or town)	(60	unty)	(	State)
	2.	p.n			at wark 🗀	ot wark	>				-4	0		//		
			fy that (I) (this ho	والواق	ittended t!	ne deceased i	ram /	death accurre		960	10.23	rey				we las
		220. SIGNATURE	eceased alive on_	AUG.	sey a	_   X (412), U	na ma	deall accurre	ea ar,	-	- IMCVIO	m causes		NE GOTO		abave
		220. SIGNATURE	If ce yo	/7	(11		3.M	ATTENDING PHYS		MED DIRECTOR		STAFF PHYS.		29/6		
/		22c PHYSICIANS			400	ur_	ms	22d ADDRES		DIKECIOI		rais. L		27/0		
		NAME (Type)	V. Roy	G	447	THER,	MIL	, N	AECH	ANIC	SVIL	LE.MA	RYLAN	D		
	230	BJRIAL, CREMAT C		IEREOF	230	NAME OF CEMET	ERY OR				_ :	(City or To		(County)	(5	tate)
		BURTAL (Specify)	8/1/6	56		ST.JOS	SEPH!	S CEM.			MO	RGANZ	A M	ARYL	AND	
1	(24	FUNERAL DIRECTO		, 1		ADDRESS			REC'D	BY REG	STRAR	25b. RE	GISTRAR 5			
7,	1	JOHN M.	VELCH - LEC	NARD	TOWN .	ARYLANI	)	DAT	TE	AUG	2.	1966	me	2	0	1.1

and campletely filled in by the funeral remaye carban papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death remave carban papers. Pages 1 and 2 n any event, within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-transit permit. Then, also should be filed with the State Dept. of Health prior to burial, cremation, or removel, an Page 4 moy be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT

O DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours ofter death 1f city delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page pages land 2 with the State Department of in on every within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol transit permit. File Health or its designated agent, prior to buriol, cremation, or removal, and 5 moy be retained for your files.

This certificate should be executed within 24 hours often death. If

ACAL EXAMINER:

TO DEPUTY

PLACE OF DEATH

# Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 DESIGN DECEMBER OF L

10490

o. COUNTY					o. STATE b. COUNTY						
	ST. MARY 5		MARYL	.ANO		LAND	U. COUNT	ST MAR	vte		
b CITY OR TOWN	(If outside corporate limit	\$,	C LENGTH OF STAY IN	- Ib	c CITY OR TOWN (If ou	tside torporate lim	ts, write RURA	L ond give ne	arest fown)		
RURAL	nd give nearest town)		20 YEAR	28	RURAL	Ripo	9 <b>E</b>	4			
d NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in nospitol, g	ve street address)		d. STREET ADDRESS				e. IS RESI		
,									YES T	NO X	
3. NAME OF	Fe	rst	Middie		Last	4. DATE	Month		Doy Ye	eor	
DECEASED (Type or print)	лнор.	HE	WILLIE		SIMMONS	OF DEATH	July			66	
S SEX	6 COLOR OR RACE		NEVER MARRIED		B. OATE OF BIRTH	9 AGE	( n yeors	IF UNDER 1 YEA		R 24 HRS	
MALE	NEGROID	WIOOWED	OIVORCEO		APRIL 21,192	24 lost	birthdoy)	Months Do	ys Hours	Min	
100 USUAL OCCUPATIO	N (G ve kind of work done	10b KI	ND OF BUSINESS OR		11 BIRTHPLACE (State				OF WHAT	-1	
diging most of working	ON ATTEND.	INI	DUSTRY			U.S	Y?				
13 FATHER'S NAME					GEORGIA U.S.A.						
	JOHN SIN	IMO NS			JANE	MARTIN					
	5 WAS DECEASED EVER H S ARMED FORCES?  (es, no, or unknown) (If yes give wor or dotes of service)					7.77	Adaress				
YES	If I les dise not of goies of	25	58-24 5825	ANN	TE LOU STMM	NS F	RIDGE,	MARYLA	ND		
The cause of Death (Enter only one couse per line for (o), (b), ond (c))  PART I DEATH WAS CAUSE BY  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), storting the underlying couse (c)  (c)									NTERVAL BEI ONSET AND ( MMED I A	OFATH TE	
PART II OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO 1	HE TERM NAL OISEASE CON	ND TON GIVEN IN P	'ART 1(0)		19 WAS AUTO PERFORM YES 1		
200 EXTERNAL CA			No Ding	-w	Enter noture of injury in §		tem 18)				
E Horr o	20c TIME OF INJURY Month, Ooy, Year Hour o m. 19 20d NJURY OCCURRED While of work of twork of two ork of two o								·	(Stote)	
21. I certif	$m{\gamma}$ that I took charge	of the rem	iains described abo	ive, he	d an Autopsy 🔲,	Inspect an [[	Inquir	y 2 0	nd in my	opinian	
death resul	ted from Nature	Tayses 🗷	, Accident [ ],	Surci	de 🔲, Homicide	Undete	rmined mar	nner 🔲			
ACTUAL	1.01	. )	<del></del> †		CHIEF MEDICAL	EXAMINER .					
SIGNATURE	WI	alu	200		M.O ASSISTANT MEO	CAL EXAMINER			22. DATE	SIGNED	
EXAMINER'S NAME (Type)	WILLIAM H.	PATRIC	ok M. D.		OEPUTY MEOICA Address (Street,	L EXAMINER	nty)	7_	6.6	6	
230 BURIA, CREMATIO		REOF	23c. NAME OF CEMET	ERY OR (	REMATORY	23d LOCATON	(Cty or Town	) (Con	nty) (S	tote)	
BURIAL (Specify		1966	ARLINGTO	N NA	TLONAL	ARLING	TON.	V	'A .		
24. FUNERAL DIRECTO	DR .	,	AODRESS		2So REC O	BY REGISTRAR	2SB. REGIS	TRAR'S SIGNAT			
W.CLARKE	VATTINGLEY	LEONAR	DTOWN, MAR	YLAN	D OATE JU	L 1 1 19	66	Marle	Judg	ge_	

VR A15MF (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EVANIBLES CONTINUES.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH  O COUNTY  ST. MARY S  MARYLAND  1 PLACE OF DEATH O COUNTY  ST. MARY S  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE MARYLAND ST.	
ST. MARY & BARVIAND COUNTY ST.	
MAKILANU WARTLAND	MARY 8
ST. MARY'S MARYLAND MARYLAND ST.  b CITY OR TOWN (1 autside corporate limits, write RURAL and give	neorest town)
LEONARDTOWN D.O.A. LEONARDTOWN	18 1
d NAME OF HDSPITA. OR INSTITUTION (If not in haspital give street address)  d STREET ADDRESS	e 15 RESIDENCE DN A FARM?
ST. MARY'S HOSPITAL	YES NO K
O D T NAME OF TOST A DAKE WOULD	Day Year
DECEASED (Type of proft) ROBERT SYLVESTER SOMERVILLE JROBATH JULY	1, 19 66
last britindoy) Manths	YEAR FUNDER 24 HRS Days Hours Min.
MALE NEGRO WIDOWED DIVORCED JAN. 3, 1961 5 yrs    Male   Negro   Widowed   Divorced   Jan. 3, 1961 5 yrs	
	ZEN OF WHAT NTRY?
MARYLAND U.	S.A.
13 FATHER'S NAME ROBERT SYLVESTER SOMERVILLE SR. THERESA ANN CLARK	
ROBERT SYLVESTER SOMERVILLE SR. THERESA ANN CLARK  IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY ND 17, INFORMANT  Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service)  16. SOCIAL SECURITY ND 17. INFORMANT  WOTHER SAME AS # 2 ABOVE  18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))	
(Yes, na, or unknown) (If yes give war or dates of service)    Wother   Same AS # 2 Above	O TENNAL BETWEEN
13 FATHER'S NAME  14 MOTHER'S MAIDEN NAME  ROBERT SYLVESTER SOMERVILLE SR. THERESA ANN CLARK  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service)  16 SOCIAL SECURITY ND  17. INFORMANT  MOTHER SAME AS # 2 ABOVE  18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	ONSET AND DEATH
IMMEDIATE (AUSE (0)	- 181 Himsel
Conditions, if any, which gove )	
Conditions, if any, which gove nise to immediate cause (a), stating the underlying cause	
2 2 9 ×	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL D SEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PERFORMED? YES NO F
20a EXTERNAL AUSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)	, = =
2 5 5 6 5 CAUSE OF DEATH (ACCLACILLE, Shot out 3 Per out 3	
20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF N.URY (Hame, farm, Hour Law) Pm 7-1 166 at wark of wark o	17
pm. otwark of wark of wark	Mayterell
21 certify that I took charge of the remains described above, he d on Autopsy, Inspection, Inquiry	ond n m∀ op n or
2   certify that I took charge of the remains described above, he d on Autopsy   , Inspection   , Inquiry   , death resulted from. Naturo couses   , Accident   , Suicide   , Homicide   , Undetermined manner   CHIEF MED CAL EXAMINER   ACTUAL	
	22. DATE SIGNED
SIGNATURE CONTINUED CAL EXAMINER L	ZZ. DATE SIGNED
SIGNATURE  EXAMINER'S  NAME (Type)  WILLIAM H. PATRICK M. D.  Address (Street, city, town, or county)  230 BURA (CEMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (In the control of the contro	2-66
NAME (Type)  WILLIAM H. PATRICK M. D. Address (Street, city, town, or county)	(Stote)
KEMOVAL (Specify)	
BURIAL JULY 4, 1966 SACRED HEART CEMETERY BUBHWOOD.  24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REG STRAR 256 REGISTRARS SIG	IARY LAND
W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND DATE JUL 7 1966 KOLO	rfor Vers

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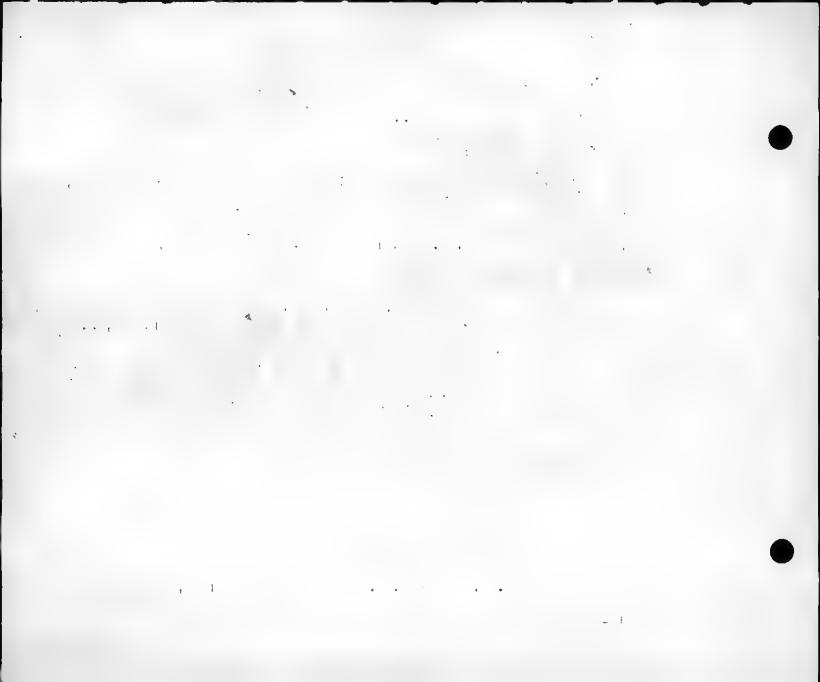
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14 MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STAT MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If sutside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Pag any event, within 72 hours 24 hours filled in LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES executed within 3. NAME OF Middle DATE Month Day Year **DECEASEO** DF DEATH (Type or print) JULY 19 66 SEX OR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIED last birthday) Months lease removand in any Davs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done ician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY C. TRANSIT ENGINEER S S **D** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pa been signed by the attending of the bur.al-transit permit. Then it to burial, cremation, or removal X HUTCHINS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death 578-10-5831 1811 NORTH EDGEWOOD EVELYN SPARSHOTT STREET 18. CAUSE OF DEATH [ Enter only one cause per lipe for VIAINTERVAL BETWEEN ARLINGTON. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has as CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT ERMINAL DISE 19. WAS AUTOPSY SECONDITION GIVEN IN PART (a) for use PERFORMED? certificate NO D YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) r this certi of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Nome, farm, 20f. (City or town) (County) be de factory, street, office bldg., etc.) Hour a.m. O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While at work O HOSPITAL OR ATTENDING Page 4 may be retained by p.m. at work 19 attended the deceased from 21. I certify that (I) (this hosoital) 196 and that death occurred at 235 M, from the couses and on the date stated above. saw the deceased alive/on 22a. SICNATURE DATE/SIGNED 22b. ATTENDING PHYS. STAFF DIRECTOR TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) JAMES. JARBOE M. GREAT MILLS. MARYLAN BURIAL, CREMATION .1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 23d. (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE L HOME larles VR A15 (4) DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE HEALTH DEPT.

DEPUTY MEDIX. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages. It and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIS

> VR A15ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

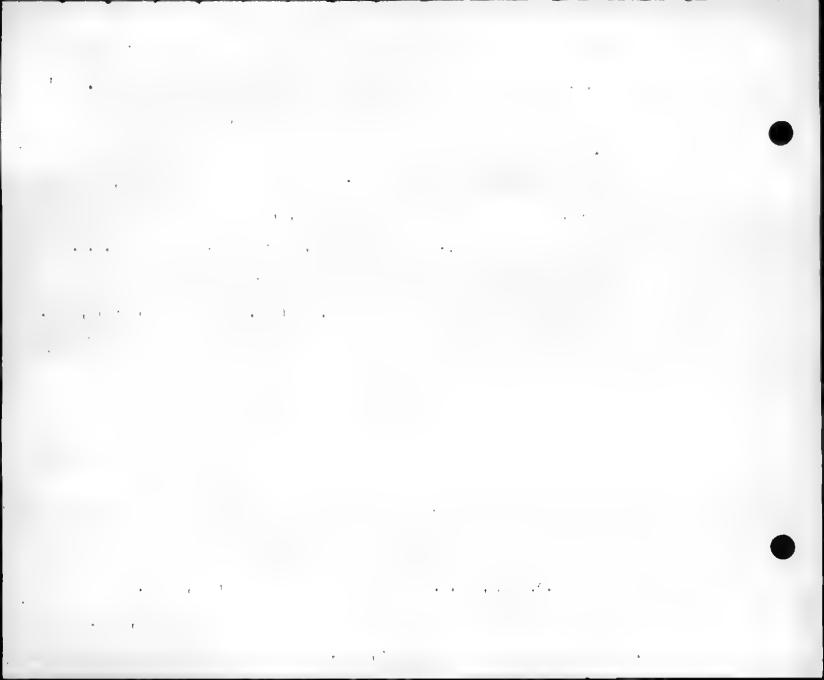
	Division of STATI	STICAL RESEA	RCH AND RECORDS	S, 301 W. PRESTON	STREE	T, BALTIMORE	I, MARYLAND
-₹	0500		<b>EXAMINER'S</b>				19493
	( ( 0 3	MEDIOAL	EXAMINEN	OLKIII TOAT L	.01	PERM	1000

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
S+ Massala	a. Maryland b. county St. Mary's
b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Write RURAL and give nearest town)  Dameron 1 month	U. S. Naval Air Station,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Station Hospital, NAS, Patuxent Rive	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) George Stewart TAYL	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS. lest birthdey)   Months   Cave   Hours   Min.
	11 DEC 1947   18 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Airman U. S. Navy	Kearny, New Jersey USA
Airman U. S. Navy	14. MOTHER'S MAIGEN NAME
Henry A. TAYLOR (Deceased)	Mima B. TAYLOR
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	INFORMANT Address
Yes JUN 65-JUL 66 146-4009-06 E	nlisted Personnel Record
18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (e) Intracranial Inj	uries Immediate
Y 16 4 DUE TO	
Conditions, If any, which \ (b) Auto Accident	
geve rise to immediate (	
underlying course lead	
(4)	JED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
E TANK THE COURT OF THE COURT O	PERFORMED?
[5]	YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	RREO (Enter nature of injury in Part I or Part II of Item 18.) Ked car, that was struck by an oncoming
	ned deri direct and paradic of ent officialities
3 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) St. (Denty) 8 (State)
10: 30 p.m. July 13, 66 While Not While High	ty, street, office bidg., etc.) hway Dameron, Maryland
21. I certify that I took charge of the remains described above, hel	
death resulted from: Natural causes , Accident , Sui	
actual of holes and	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M.D. ASSISTANT BLEDIONE EXAMINER L. TIIT. 66
EXAMINER'S TURELY 13 or	DEPUTY MEDICAL EXAMINER NAS PAX RIV MD
NAME (Type) R. E. BURNETSTER, LT MC USN	Address (Street, City, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 7/18/166  24. FÜNERAL DIRECTOR ACCRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ACCRESS	I I I I I I I I I I I I I I I I I I I
W. CLARKE MATTINGLEY LEONARDTOWN	. MD. DATE JUL 18 1966 ; Charles Juage



			DIVISIO	N OF STATIS	STICAL RI	ESEAR			301 W. PREST		REET, B	ALTIMOR	E 1, MARY	LAND	
£ - 10 £			10501				CERTIF	ICATE	OF DEAT	Ή			104	94	
is after death.  by the funeral Pages 1 and 2 nurs after death.		1.	PLACE OF OEATI	AI .			-	- 1	2. USUAL RESIDE	NCE (Whe	re deceased			ce before an	dmission
e - f				MARYIS			MAR	YLAND	a. STATE	RYLAN	n	b. COUNT	ST.M	ARY IS	
after the ges 1		_	b. CITY OR TOW	N (if outside cor and give neares	porate limits	, C.	LENGTH OF STA		c. CITY OR TOWN (	(If outside	corporate	limits, write	RURAL and g	lve neare:	st town)
			LEONARD		L LOWIF)		12 DAYS	5	Casa	т Мів	1.8			1	
24 hours			d. NAME OF HOS	SPITAL OR INSTIT	UTION (if no	t In hosp	Ital, give street	address)	d. STREET ADDRES					B. IS RES	IDENCE FARM?
	,		St.	MARY S H	OSPITAL										NO X
fill with		3.	NAME OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First		Middle		Last	4. 0	ATE	Month	Oa	y Yea	ar
exemted within 2 and completely fill remove carbon part any event, within			(Type or print)		JAMES	F	ROLAND	Te	иовуии	0	EATH	JULY	9.	196	66
con con ve e		5.	SEX	6. COLOR OR RA	- 4 - 1	RIEO 🔀			OATE OF BIRTH		9. AGE	(in years   if birthday)   N	UNOER 1 YEA		
exemter and corremove remove			MALE	WHITE	WIDO	WED 🔲	OIVORC	ED 🔲 .	JULY 9. 18	96	70	yrs.	lonths Days	Hours	Min.
be ex		10a dur	. USUAL OCCUPAT	ION (Give kind of v	work done   1	Ob. KIND	OF BUSINESS C	R	11. BIRTHPLACE		State, or for		12. CITIZEI	OF WHAT	
ath certificate be eathending physician rmit. Then please on, or removal, and in		13	TRUCK D	RIVER	,		IDRY		ST MARY	S	MARYL	AND	U.S.A		
leath certificate e attending physipermit. Then plerion, or removal, at		-0.	ATTIER O TRAIL	-											
re di di		15.	GEORGE	H. TEN	NYSON EDFORCES?	1.16. SOr	CIAL SECURITY N	D.   17.	Dos:	HIE W	ILLIA	MS_ Address			
leath c le atten permit.	1500	(Ye	s, no, or unkown)	(If yes give war or d	ates of service)		JIHK VEODKIII II			_					
les he a per tion		1	No.	DEATH [Enter onl	lu nes couss	non line	dan (a) (b) and		AS MARIE	T, CL	ARKE	CAL_L	FORNIA.	ERVAL BE	TWEEN
the dear by the armsit perremation,	St. Wells	.2/					_	0	/					SET AND	
that the sician. Igned by ial-transial, crea		ı		EATH WAS CAUSES IMMEDIATE CA	USE (a)		inom	- 0	estan	agu	2		c-3	yea	~
97 154 (0.19			Conditions, If		DUE TO			f		·					
requires ding phy been sig the buri ir to buri			gave rise to	Immediate /	(p)										
requir			cause (a), si underlying caus	rating the	OUE TO										
law ntten has as as		8			DITIONS CON	TRIBUTO	G TO DEATH BUT	NOT RELAT	EO TO THE TERMINA	LDISFASE	CONDITIO	NGIVEN IN PA	ART 1/a) 119	. WAS AU	JŤOPSY
= " a		AT						THE PROPERTY	20 / 0 / 11 / 21 / 11 / 11 / 11					PERFOR	
		Ĕ	20a. ACCIDENT	WAS UNDERLYIN	G 🖺   20	Ob. OES	CRIBE HOW IN	URY OCCU	REO. (Enter nature	of injury	in Part I o	Part II of		E9	110
hospit s certi ched pt. of		CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYIN ING □ CAUSE OF TIFY MEDICAL EX	DEATH (AMINER)				110000 (201100)						
Det in e		ICAL		INJURY Month,					E OF INJURY (Home,		Of. (City o	or town)	(County)	(5	State)
NG PI by th offer to be do		MEDICAL	Hour a.r			While work	Not While at work	lactor	), att cet, 0.1100 blog.		1				
D 4 D 10			21. I certif	fy that (I) (this	hospital) at	tended	the deceased	from	tarch.	1964	to y	h. 9	1966	that (I) (v	we) las
JR ATTEN / be retaine DIRECTOR: ge 3 should led with the			saw the de-	ceased alive on	Jul	4 9	19/26	and that	death occurred at	10PN	I, from th	e causes al	nd on the da	te stated	above
DR A Pere			22a. SIGNATUI	RE	/	7	21.4		ATTENDING	MEO.	01	TAFE	22b. OATE S	IGNED	
							P Beach	M.D.	PHYS.	DIRECT		HYS.	July 10	160	_
MAL MAN	1		22c. PHYSICIA NAME (T	error 1					22d. ADDRESS				( )		
Page 4 may Proce 4 may D FUNERAL director, pa					BEAN,	M					ILLS,	MD.	2-1-2-12	an d	
Page 4 ma Page 4 ma FUNERAL director, pa		23a	REMOVAL (Spe	MATION, 23b. Diecify)		2	3c. NAME OF (		OR CREMATORY				n or county)	(\$1	tate)
F =	8	0.5	BURTAL PUNERAL DIRE		12/166		HOLY F	ACE	l ara	FOID DV	GREAT	MILLS	MD.	MATINE	
	Ell	24.	FUNERAL DIRE	.U 10K			AUOKE33		25a. F	HIII 4		250. REG	A A	A A	
VR #15 (4)	IN		W. CLARK	E MATTIN	GLEY	LEC	NARDTOW	v. Mo	O. OATE	JUL.	14 19	56	al'arle	1 leed	12

MARYLAND STATE DEPARTMENT OF HEALTH

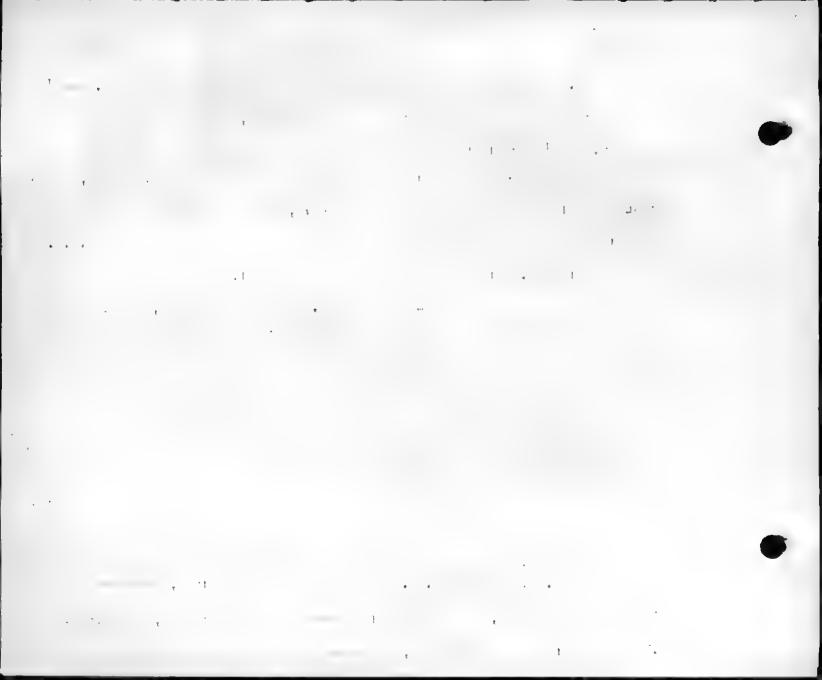


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the meral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or candoal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the \_eath certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

1. PLACE DF DEATH   2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	
- COUNTY	before admission)
a. STATE B. GOUNTY	
ST. MARY 8  b. CITY OR 1DWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
LEONARDTOWN 1 DAY BUSHWOOD.	4
	. IS RESIDENCE
ST. MARY 'S HOSPITAL	ON A FARM? YES NO V
3. NAME DF First Middle Last 4. DATE Month Day	Year
DECEASED (Type or print) ROBERTA WRIGHT TURNER DEATH JULY 12,	19 66
5. SEX 6. CDLOR OR RACE 7. MARRIED 7. NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	FUNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED JAN . 5, 1898 66 68rs.	Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   1Db. KIND DF BUSINESS OR during most of working life, even if retired)   1Db. KIND DF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN COUNTRY	OF WHAT
	.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ADDISON T. WRIGHT SADIE EAST	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
(Yes, no, or unknown) ((Types give war or dates of service) 577-03-5198 Roy E. TURNER BUSHWOOD, MARYLAND	
	RVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ET AND DEATH
IMMEDIATE CAUSE (a) COLONIA CO	SINA
1720/ DUE TD	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the \ DUE TO	
underlying cause last. (c)	WAS LUTOPOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?,
	PERFORMEDIA
NE AE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  YE  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  BY  CITY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  YE  CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	S NO X
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County) factory, street, office bidg., etc.)  While at work at work	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)  P.m. 19 While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 (County)	(State)
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While at work Not While at work 19 County Not	(State)  (State)  nat (I) (we) last e stated above.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (county) factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 40, and that death occurred at M, from the causes and on the dat 22a. SIGNATURE  ATTENDING MED. STAFF	(State)  (State)  nat (I) (we) last e stated above.
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19   While at work Not While Not	(State)  (State)  nat (I) (we) last e stated above.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 40, and that death occurred at M, from the causes and on the dat 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	(State)  (State)  nat (I) (we) last e stated above.
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19   While at work Not Not While at work Not While Not While at work Not While Not Whil	(State)  (State)  nat (I) (we) last e stated above.
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 While at work North North Not While at work North North North North Not While at work North No	(State)  (State)  (State)  (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19   While at work Not Not While at work Not While Not While at work Not While Not Whil	(State)  (State)  (State)  (State)

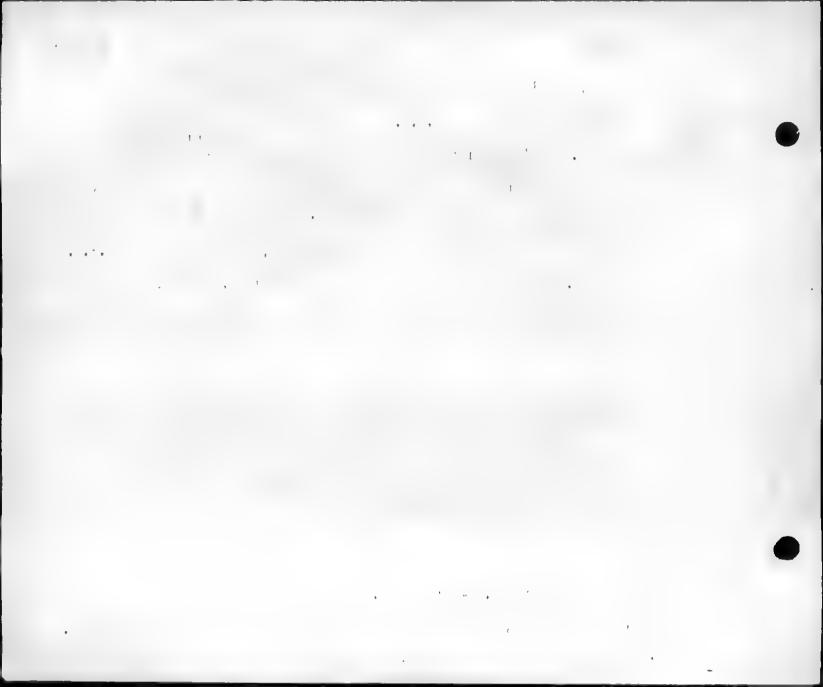
VR A15 (4) 20M T/65



### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(E	#UCUS MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14490							
event within 72 haurs offer death.	PLACE OF DEATH  o COUNTY	2 USUAL RESIDENCE (Where deceosed lived, finish tution Residen o STATE b. COUNTY	ice before adrptssion)							
	ST. MARY S MARYLAND	MASSASHUSETTS	V							
	to CTY DR TDWN (If outside corporate limits, write RURAL and give nearest town)  LEONARDTOWN  C LENGTH OF STAY IN 16  D.O.A.	CCITY OR TOWN (if outside corporate limits, write RURAL and giv	e neorest town)							
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	d STREET ADDRESS BROOKLINE STREET	e S RESIDENCE ON A FARM?							
L	ST. MARY S HOSPITAL	# 4 EAST BNSSKENNXSKNEEK	YES NO							
3	NAME OF First Middle	Lost 4 DATE Month	Doy Year							
	DECEASED (Type or print)  LONNIE  ANDREW	WEELS DEATH JULY	2, 19 66							
5	SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED K	R DATE OF RIGHTH 9 AGE (In years IF UNDER	1 YEAR   IF UNDER 24 HF							
_	THE THEORY	Aug. 22,1957 (ast birthdoy) Months	Days Hours Min							
	TO USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country) 12 (1)	T ZEN OF WHAT							
	in but the state of the state o	NEW PORT, RHODE ISLAND U	OUNTRY?							
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	OSCAR A. WELLS	GLORIA A. CAMPBELL								
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address								
ĮΥ	es, no, or unknown) (If yes give wor or dotes of service)	OTHER SAME AS # 2 ABOVE								
F	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	WITH ONNE NO V & NOVIE	INTERVAL BETWEEN							
	PART I DEATH WAS CAUSED BY	1C. —	ONSET AND DEATH							
	IMMEDIATE CAUSE (a) DUE TO		- 30 IIm							
	onditions, if ony, which gove ) (b)									
Н	ise to immediate couse (o), (U)									
	stoting the underlying couse (c)		:							
	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY							
100	The state of the s	The second of the second secon	PERFORMED?							
FICA	200 EXTERNAL CALISE WAS 200 DESCRIBE HOW IN HOY OCCUPAND	(Enter noture of injury in Port I or Port II of tem 1B.)	I TES NO E							
MEDICAL CERTIFICATION	CAUSE OF DEATH FROM CROWN	SEWAGE LAGGON								
PICA	20c TIME OF INJURY Month, Doy Yeor 20d NJURY OCCURRED 20e PLAC		unty) (Stote)							
N.	6:00 pm 7-2-1966 of work of work of twork	ory, street, office bdg, etc)	/							
	21. I certify that I took charge of the remains described obave he	ld on Autopsy . Inspection I Inquiry IV.	and in my apini							
	death resulted fram: Natural causes , Accident , Suici									
	Daniel J., Million J., Solid	CHIEF MEDICAL EXAMINER	_							
	SIGNATURE WH Fahreh	ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE							
			3.66							
	NAME (Type) WILLIAM H. PATRICK M. D.	Address (Street, city, town, or county)	2.00							
23	O BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR		(County) (Stote)							
	BURY ASPECTY) JULY 8,1966 MT HOPE CE		MASS.							
	4 FUNERAL DIRECTOR ADDRESS	250. REC D BY REGISTRAR 250. REGISTRAR'S S								
	W. CLARKE MATTINGLEY LEONARDTOWN, MARYLA	IND DATE JUL 7' 1966 police	anter Judge							



permit. File p

used as a burial-transit to burial, cremation, or

TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 0504

1	1. PLACE OF DEATH a. COUNTY	FILE 1970	2 STATE	Wisconsin County	Residence before admission)						
	St. Mary's	MARYLAND NGTH OF STAY IN 16	Marviar	outside corporate limits, write RURAL	and give nearest town)						
1	write RURAL end give nearest town)				11 5						
1	Patuxent River d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)	3 years	d. STREET ADDRESS	ledy Aived / Palmy	e. IS RESIDENCE						
1					ON A FARM?						
	Station Hospital, NAS, PAX			194 P.O.Box 237	YES NO X						
-	3. NAME OF First DECEASED (Type or print) Anthur Cliff	Middle	BECK	4. DATE Month OF DEATH July	7 19 66						
	5. SEX   6. COLOR OR RACE   7. MARRIED   NE		8. DATE OF BIRTH	19 AGE (In years LIE LINDER	R 1 YEAR HELINDER 24 HRS.						
	Male Caucasion WIDOWED		9 June 1944	last birthdey) Months	Days Hours Min.						
1				tate or foreign country)   12. C	ITIZEN OF WHAT						
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  U. S.	NT	Winner		USA						
	13. FATHER'S NAME	Navy	Wiscens 14. MOTHER'S MAID	244	ODA						
	Robert Alvin WHITBECK		Verenica I	Marie FOX (Deceas	ed)						
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) ((If yes give war or dates of service)	LSECURITY NO.   17.	INFORMANT	Address							
		0 8372									
-	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra-cranial Injuries Imm										
1	8254 DIE 70										
	Conditions, if any, which \										
	gava risa to immadiate ( DUE TO										
	underlying cause lest. (c)										
		O DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(6)	19. WAS AUTOPSY PERFORMED?						
2	CAT				YES NO						
	PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T  208. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING Passen  CAUSE OF DEATH.  Passen	BE HOW INJURY OCCU	JRRED. (Enter nature of	Injury in Part I or Part II of Item 18	8.)						
	CAUSE OF DEATH. Passen	ger in POV	involved:	in accident							
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY	er inches	CE OF INJURY (Home, fa bry, street, office bldg., e	to Y	ounty) I'd (State)						
7	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour to the p.m. July 7 19 66 et work	ot While Re	ad	Patuxent River,	St. Mary's						
	21. I certify that I took charge of the remains of	described above, he	ld an Autopsy 🔲,	Inspection , Inquiry	and in my opinion						
	death resulted from: Natural causes A	ccident 🔯, Sui	icide 🔲, Homici	de [], Undetermined manner							
	ACTUAL C. POMAG CARTHY/LT	AICOUSNEO	CHIEF MEDICAL		AN DATE GIONED						
	SIGNATURE C. P. MAG CARTHY//LT	MILLO DINE	M.D. ASSISTANT MEI	DICAL EXAMINER	22. DATE SIGNED						
2	EXAMINER'S WMachael	Ell fast		AL EXAMINER 7							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	Y OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)						
	BURIAL Specify JULY 12, 1966				FERSON, WISCO						
	24. FUNERAL DIRECTOR	ADDRESS		D'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE SI						
	W. CLARKE MATTINGLEY LEONARD	TOWN. MARYL	AND DATE JU	IL 14 1986 fella	rles Judge						

VR A15ME (5)

W. CLARKE MATTINGLEY

votant - Contract - Co T. T. C. S. 1 2 - 1 1 I can a second of the contract of the contract

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10505 CERTIFICATE OF DEATH

10498

1	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY										
/L	ST.	MARYS		MARYL		MARYL			ST	MARY	-			
		(If outside corporate limits, and give nearest tawn)		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If au		nearest tow	n)					
-		TAL OR INSTITUTION (If not in	haraitail ai	in strast address)		RURAL d. STREET ADDRESS	3	I a IS DESIDENCE						
		ARYS NURSING		140 211001 0001022)		U. SIRELI ADDRESS					RESIDENCE A FARM? NO K			
	3. NAME OF	First		Middle		Last	4. DATE	Mant	h	Day	Year			
	(Type or print)	LEOLA		MARY		WISE	DEATH	JULY		14	19 66			
	S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER 1 Y		NDER 24 HRS.			
	FEMALE	WHITE V	/IDOWED	DIVORCED		9/29/1888		77 yrs.	months	Doys Ho	ours Min.			
	Oa. USUAL OCCUPATIO during most of warking HOUSEW 13. FATHER'S NAME	N (Give kind af wark dane a life, even if refired)	INI	ND OF BUSINESS OR DUSTRY IESTIC		11. BIRTHPLACE (County MARYLAN	COU	2. CITIZEN OF WHAT COUNTRY? USA						
						14. MOTHER'S MAIDEN NAME								
-		GE W. GRAVES	11/ 5	OCIAL SECURITY NO.	17 1	MARTHA ANN SHADE  17. INFORMANT  Address								
	(Yes, no, or unknown)	res, no, ar unknown) (If yes give war or dates af service)												
	NO 215 07 3248 MRS.AGNES BEAN - LEXINGTON PARK													
	18. CAUSE OF D	PART I. DEATH WAS CAUSED BY:												
		IMMEDIATE CAUSE (6)	Cand	line filori	lus	or-			-	1/20	ND DEATH			
	420	DUE TO	Λ.	43	Я	_				71				
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse										3 years			
1														
		(c)									The mass arressor			
	PART II. OTHER S	SIGNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELA	ITED TO T	HE TERMINAL DISEASE CON	DITION GIVE	N IN PART 1(o)		19. WAS PERF YES	AUTOPSY ORMED?			
)	200 ACCIDENT W	AS UNDERLYING	Tank nes	COIDE HOW INHIDY OC	CHDDED 1	Enter nature of injury in I	Part I or Part	II of item 19 )		1152	] MO []			
	OR CONTRIBUTING	G 🗆 CAUSE OF DEATH	205. 023	SCRIBE HOW INJURE OC	CURRED.	cities redicte at supery sit i	un i oi run	ii ot nem 10.j						
		Y MEDICAL EXAMINER) JURY Month, Day, Year	20d IN	JURY OCCURRED	20a PLA/	E OF INJURY (Home, farm	20f.	(City or town)	(Coun	Iv)	(Stote)			
	ə Hour a.	.m.	While	Not While		ary, street, affice bldg., etc.)		(ent or town)	(coon	17.7	(3,0,6)			
1	p.	.m. 19	at wark			1/1/1/19	0/-/	1 1	10/7	.1	13 (0. 3.1.			
		ify that (1) (this hospital deceased olive on	uly	led the deceased ! /3_1966, a		March 3, I death accurred at	946 to	, from causes			(I) ( <del>Ne)</del> las ated above			
П	22o. SIGNATURE	· ·	1	la .		ATTENDING (SEE	MED.	STAFF	22b. DAT	E SIGNED				
1			1/1	M	M.C	PHYS.	DIRECTOR	PHYS. L	7/	15/66	-			
	22c. PHYSICIAN' NAME (Type			/		22d. ADDRESS GRE	EAT MI	LLS, MARY	LAND					
1	230. BURIAL, CREMATI			23c, NAME OF CEMET	TERY OR	CREMATORY	23d. LO	ATION (City or To	wn) ((	County)	(Stote)			
	BURIAL Specif	7/16/6		HOLY T	PACE	CEMETERY	C	REAT MIL	LS MAD	YI.AND				
0-	24. FUNERAL DIRECT		1	ADDRESS	- PA-V-10		BY REGISTR	AR 25b. RE	GISTRAR'S SIG	NATURE				
2	YTOHN M.	WELCH - LEONA	RDTO	IN . MARYT. ANT	1	DATE	JUL 1	8 1966	melin	-10 (	)			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then prease remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, or remayer, and in any eyent, within 72 haurs offer death. Page 4 may be retained by the haspital or attending physician. YR A15 (4) 20 M 1/66

404.03 12 12 12 13 a 11 m